

ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

ILLINOIS

Part 2

DIXON to MURPHYSBORO



U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

A Healthier Today For A Better Tomorrow

Bernard J. Turnock, M.D., Director

Overview of nursing home licensure program

The Illinois Department of Public Health's Office of Health Regulation, Bureau of Long-Term Care promotes and assures quality care for all residents of licensed long-term care facilities in the state.

The Bureau is comprised of three divisions: Field Operations; Quality Assurance; and Education and Research. These divisions employ registered professional nurses, registered sanitarians, registered Dietitians, architects and qualified mental retardation professionals to assess the quality of care provided to all long-term care facility residents.

Overview of enforcement system

The Division of Long-Term Care Field Operations functions from a central office and from nine regional offices throughout the state. Its primary purpose is to conduct unannounced, on-site licensure surveys of nursing homes, as required by the Nursing Home Care Reform Act, and to respond to all complaints registered with the Nursing Home Central Complaint Registry with on-site inspections. Licensure surveys are conducted prior to initial licensing of the facility and annually thereafter. Complaint investigations are begun within 24 hours for serious allegations and within 30 days for less severe allegations.

The Division of Long-Term Care Quality Assurance reviews all surveys and complaint investigations to ascertain the appropriateness of issuing violations in accordance with the Act.

Follow-up surveys and subsequent reviews are done where indicated and appropriate penalties assessed, in accordance with the Act. Enforcement sanctions include financial penalties dependent on the severity of the violation; imposed plans of correction; and placement of State monitors in facilities. In extreme cases, court-appointed receivers may take over operation of a facility, and/or the State may revoke the owner's license. Minimum Standards, Rules and Regulations are used by all Bureau staff in surveying and reviewing to determine compliance.

The Division of Education and Research is responsible for initial orientation and continued training of all Bureau staff in survey procedures and processes.

Resources available to consumers

To obtain information regarding the Illinois Nursing Home Care Reform Act; survey activities and results; and Minimum Standards, Rules and Regulations, consumers may contact the central office:

Illinois Department of Public Health
525 West Jefferson
Springfield, Illinois 62761
Division of LTC Field Operations (217) 785-2629
Division of LTC Quality Assurance (217) 785-5180

OR

Regional Offices:

Region 1 - Rockford
4302 North Main
Rockford, Illinois 61103
(815) 987-7511

Region 2 - Peoria
5415 North University
Peoria, Illinois 61614
(309) 693-5360

Region 3 - Springfield
4500 S. Sixth Street Road
Springfield, Illinois 62704
(217) 786-6882

Region 4 - Edwardsville
Cottonwood Road
Edwardsville, Illinois 62025
(618) 288-5731

Region 5 - Marion
2309 West Main
Marion, Illinois 62959
(618) 997-4371

Region 6 - Champaign
2125 South First Street
Champaign, Illinois 61820
(217) 333-6914

Region 7 - West Chicago
245 W. Roosevelt Road, Bldg. 5
West Chicago, Illinois 60185
(312) 293-6900

Region 8B - Bellwood
4212 West St. Charles Road
Bellwood, Illinois 60104
(312) 544-5300

Region 8C - Chicago
33 East Congress, Suite 425
Chicago, Illinois 60605
(312) 793-3376

For information about the State Ombudsman program,
consumers may contact:

Illinois Department of Aging
421 E. Capitol
Fl. 1
Springfield, IL 62701
(217) 785-2870

Illinois Department of Aging
100 W. Randolph St.
Ste. 11-900
Chicago, IL 60601
(312) 917-2630

For information about Medicaid Fraud and Quality of Care
programs, consumers may contact:

Illinois Department of Public Aid
Division of Financial Recovery
100 S. Grand
Springfield, IL 62704
(217) 785-7030

The Nursing Home Central Complaint Registry, in operation
since 1984 under legislative mandate, creates a central
"clearinghouse" to serve all citizens and agencies who
express concern and/or complaints about the quality of
care provided to residents of long-term care facilities.
This hotline is available by toll-free number:
(1-800-252-4343) 24-hours-a-day. Persons registering
complaints may remain anonymous, and all complaintants are
kept confidential.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE Happy Valley Nursing Home			
Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name: Self-explanatory

Street Address: Self-explanatory

City and State: Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1 — Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.



NURSING HOME PROFILE HERITAGE SQUARE

Street Address: 620 NORTH OTTAWA AVENUE		City and State: DIXON IL 61021	
Participation: MEDICAID SNF/ICF	# of Beds: 113	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	Medicare Residents: 0	Medicaid Residents: 6
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	94.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	17	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	17	100	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	94.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	29.4	33.8	37.7
Completely bedfast residents.	1	5.9	3.2	3.4
Residents confined to chairs.	2	11.8	48.4	50.8
Residents requiring restraints.	6	35.3	35.7	41.3
Confused or disoriented residents.	9	52.9	53.7	58.4
Residents with bed sores.	3	17.6	8.0	7.1
Residents receiving special skin care.	2	11.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEE COUNTY NURSING HOME

Street Address: 800 DIVISION ST		City and State: DIXON IL 61021	
Participation: MEDICAID SNF/ICF	# of Beds: 92	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 12/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	Medicare Residents: 0	Medicaid Residents: 45	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	80.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	78	85.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	61	67.0	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	72.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	71.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	23	25.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	46.2	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	50	54.9	48.4	50.8
Residents requiring restraints.	46	50.5	35.7	41.3
Confused or disoriented residents.	69	75.8	53.7	58.4
Residents with bed sores.	22	24.2	8.0	7.1
Residents receiving special skin care.	35	38.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRYSIDE PLAZA

Street Address:		City and State:	
1635 EAST 154TH STREET		DOLTON IL 60419	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	197	PROPRIETARY	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
189	0	161

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	42.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	60.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	43.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	42.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	60.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	9	4.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	15.9	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	76	40.2	48.4	50.8
Residents requiring restraints.	79	41.8	35.7	41.3
Confused or disoriented residents.	120	63.5	53.7	58.4
Residents with bed sores.	16	8.5	8.0	7.1
Residents receiving special skin care.	20	10.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DOLTON HEALTH CARE CENTER

Street Address:		City and State:	
14325 SOUTH BLACKSTONE		DOLTON IL 60419	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	67	PROPRIETARY	08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	51.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	79.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	44	68.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	71.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	68.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	4.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	32.8	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	41	64.1	48.4	50.8
Residents requiring restraints.	29	45.3	35.7	41.3
Confused or disoriented residents.	31	48.4	53.7	58.4
Residents with bed sores.	5	7.8	8.0	7.1
Residents receiving special skin care.	7	10.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RESTHAVEN WEST CHRISTIAN NURSING CTR

Street Address:		City and State:	
3450 SARATOGA DRIVE		DOWNERS GROVE IL 60515	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	145	NON-PROFIT RELIGIOUS	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
138	0	53	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	76.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	122	88.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	120	87.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	87.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	88.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	40.6	33.8	37.7
Completely bedfast residents.	2	1.4	3.2	3.4
Residents confined to chairs.	118	85.5	48.4	50.8
Residents requiring restraints.	97	70.3	35.7	41.3
Confused or disoriented residents.	97	70.3	53.7	58.4
Residents with bed sores.	19	13.8	8.0	7.1
Residents receiving special skin care.	31	22.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIR ACRES NURSING HOME

Street Address: 514 E JACKSON ST		City and State: DU QUOIN IL 62832	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 74	Type of Ownership: PROPRIETARY	Survey Date: 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	Medicare Residents: 0	Medicaid Residents: 37		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	17.6	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	61	89.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	58	85.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	85.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	85.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	30.9	33.8	37.7
Completely bedfast residents.	18	26.5	3.2	3.4
Residents confined to chairs.	54	79.4	48.4	50.8
Residents requiring restraints.	8	11.8	35.7	41.3
Confused or disoriented residents.	58	85.3	53.7	58.4
Residents with bed sores.	10	14.7	8.0	7.1
Residents receiving special skin care.	24	35.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRVIEW NURSING CTR

Street Address: 602 EAST JACKSON ST		City and State: DU QUOIN IL 62832	
Participation: MEDICAID ICF	# of Beds: 77	Type of Ownership: PROPRIETARY	Survey Date: 06/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
69	0	38			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		40	58.0	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		50	72.5	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		38	55.1	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		38	55.1	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		29	42.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		18	26.1	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		26	37.7	27.6	39.1
Residents requiring restraints.		20	29.0	23.4	31.7
Confused or disoriented residents.		30	43.5	49.8	55.8
Residents with bed sores.		4	5.8	4.0	4.7
Residents receiving special skin care.		24	34.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEDINA NURSING CENTER

Street Address: P O BOX 538		City and State: DURAND IL 61024	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 89	Type of Ownership: PROPRIETARY	Survey Date: 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
83	2	34			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		77	92.8	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		59	71.1	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		57	68.7	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		82	98.8	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		55	66.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.		7	8.4	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		18	21.7	33.8	37.7
Completely bedfast residents.		1	1.2	3.2	3.4
Residents confined to chairs.		55	66.3	48.4	50.8
Residents requiring restraints.		20	24.1	35.7	41.3
Confused or disoriented residents.		46	55.4	53.7	58.4
Residents with bed sores.		6	7.2	8.0	7.1
Residents receiving special skin care.		63	75.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONTINENTAL MANOR OF DWIGHT

Street Address: 300 E MAZON		City and State: DWIGHT IL 60420	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 92	Type of Ownership: PROPRIETARY	Survey Date: 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 1	Medicaid Residents: 41
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	56.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	71.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	51.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	75.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	88.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	75.9	33.8	37.7
Completely bedfast residents.	8	9.2	3.2	3.4
Residents confined to chairs.	78	89.7	48.4	50.8
Residents requiring restraints.	24	27.6	35.7	41.3
Confused or disoriented residents.	30	34.5	53.7	58.4
Residents with bed sores.	5	5.7	8.0	7.1
Residents receiving special skin care.	87	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

WILLIAM W FOX DEVELOPMENTAL CENTER

Street Address:		City and State:	
134 W MAIN ST		DWIGHT IL 60420	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	201	STATE GOVERNMENT	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
189	0	189		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	187	98.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	187	98.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	185	97.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	187	98.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	174	92.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	113	59.8	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	117	61.9	48.4	50.8
Residents requiring restraints.	56	29.6	35.7	41.3
Confused or disoriented residents.	0	0.0	53.7	58.4
Residents with bed sores.	3	1.6	8.0	7.1
Residents receiving special skin care.	67	35.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EAST MOLINE CARE CENTER

Street Address: 4747 ELEVENTH STREET		City and State: EAST MOLINE IL 61244	
Participation: MEDICAID SNF/ICF	# of Beds: 159	Type of Ownership: PROPRIETARY	Survey Date: 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
108	0	77			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		67	62.0	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		79	73.1	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		67	62.0	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	69.4	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		75	69.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.		4	3.7	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	27.8	33.8	37.7
Completely bedfast residents.		3	2.8	3.2	3.4
Residents confined to chairs.		65	60.2	48.4	50.8
Residents requiring restraints.		50	46.3	35.7	41.3
Confused or disoriented residents.		63	58.3	53.7	58.4
Residents with bed sores.		7	6.5	8.0	7.1
Residents receiving special skin care.		62	57.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EAST MOLINE GARDEN PLAZA

Street Address: 430 30TH AVENUE		City and State: EAST MOLINE IL 61244	
Participation: MEDICAID ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
118	0	118			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		86	72.9	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		104	88.1	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		86	72.9	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		104	88.1	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		86	72.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		18	15.3	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		28	23.7	27.6	39.1
Residents requiring restraints.		30	25.4	23.4	31.7
Confused or disoriented residents.		80	67.8	49.8	55.8
Residents with bed sores.		4	3.4	4.0	4.7
Residents receiving special skin care.		45	38.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FONDULAC NURSING MANOR

Street Address: 901 ILLIN! DRIVE		City and State: EAST PEORIA IL 61611	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 98	Type of Ownership: PROPRIETARY	Survey Date: 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	Medicare Residents: 1	Medicaid Residents: 39	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	82.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	86.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	86.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	86.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	63.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	33.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	22	24.2	48.4	50.8
Residents requiring restraints.	33	36.3	35.7	41.3
Confused or disoriented residents.	56	61.5	53.7	58.4
Residents with bed sores.	4	4.4	8.0	7.1
Residents receiving special skin care.	15	16.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOOD SAMARITAN NURS HOME

Street Address:		City and State:	
1910 SPRINGFIELD RD		EAST PEORIA IL 61611	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
113	0	83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	37.2	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	42.5	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	38.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	49.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	38.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	18.6	19.4	29.3
Completely bedfast residents.	3	2.7	0.7	3.6
Residents confined to chairs.	29	25.7	27.6	39.1
Residents requiring restraints.	29	25.7	23.4	31.7
Confused or disoriented residents.	83	73.5	49.8	55.8
Residents with bed sores.	4	3.5	4.0	4.7
Residents receiving special skin care.	42	37.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERVIEW RETIREMENT CENTER

Street Address:		City and State:	
500 CENTENNIAL DRIVE		EAST PEORIA IL 61611	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	59	PROPRIETARY	10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
42	0	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

Bathing

Residents requiring some or total assistance in bathing.

Dressing

Residents requiring some or total assistance in dressing.

Toileting

Residents requiring some or total assistance in toileting.

Transferring

Residents requiring some or total assistance moving from bed to chair or to tub or toilet.

Continence

Residents with catheters or partial or total loss of bowel or bladder control.

Residents on individually written bowel and bladder retraining program.

Eating

Residents receiving tube feedings or requiring assistance with eating.

Completely bedfast residents.

Residents confined to chairs.

Residents requiring restraints.

Confused or disoriented residents.

Residents with bed sores.

Residents receiving special skin care.

FACILITY		STATE	NATION
#	%	%	%
42	100	71.5	81.5
42	100	77.5	83.2
35	83.3	68.4	73.8
35	83.3	70.3	77.2
28	66.7	64.6	68.2
0	0.0	6.1	4.6
8	19.0	33.8	37.7
1	2.4	3.2	3.4
6	14.3	48.4	50.8
9	21.4	35.7	41.3
13	31.0	53.7	58.4
1	2.4	8.0	7.1
1	2.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST MARYS HOSPITAL

Street Address:		City and State:	
129 NORTH 8TH STREET		EAST SAINT LOUIS IL 62201	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	25	NON-PROFIT RELIGIOUS	06/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
2	1	1	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	0	0.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	0	0.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	0	0.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	0	0.0	48.4	50.8
Residents requiring restraints.	0	0.0	35.7	41.3
Confused or disoriented residents.	0	0.0	53.7	58.4
Residents with bed sores.	1	50.0	8.0	7.1
Residents receiving special skin care.	0	0.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ANNA HENRY NURSING HOME

Street Address: 637 HILLSBORO		City and State: EDWARDSVILLE IL 62025	
Participation: MEDICAID SNF/ICF	# of Beds: 125	Type of Ownership: PROPRIETARY	Survey Date: 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	Medicare Residents: 0	Medicaid Residents: 98	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	75.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	54.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	57.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	35.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	43.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	7.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	16.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	38	36.5	48.4	50.8
Residents requiring restraints.	20	19.2	35.7	41.3
Confused or disoriented residents.	42	40.4	53.7	58.4
Residents with bed sores.	6	5.8	8.0	7.1
Residents receiving special skin care.	38	36.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDEN VILLAGE CARE CTR

Street Address:		City and State:	
400 SOUTH STATION RD		EDWARDSVILLE IL 62025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
113	0	33		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		85	75.2	71.5
Dressing				
Residents requiring some or total assistance in dressing.		99	87.6	77.5
Toileting				
Residents requiring some or total assistance in toileting.		86	76.1	68.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		85	75.2	70.3
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		75	66.4	64.6
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.		43	38.1	33.8
Completely bedfast residents.		13	11.5	3.2
Residents confined to chairs.		62	54.9	48.4
Residents requiring restraints.		59	52.2	35.7
Confused or disoriented residents.		64	56.6	53.7
Residents with bed sores.		16	14.2	8.0
Residents receiving special skin care.		19	16.8	33.1

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDWARDSVILLE CARE CENTER EAST

Street Address:		City and State:	
6 SADDLEBROOK DRIVE		EDWARDSVILLE IL 62025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
102	0	70			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		81	79.4	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		86	84.3	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		75	73.5	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	73.5	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		71	69.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.		1	1.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		22	21.6	33.8	37.7
Completely bedfast residents.		4	3.9	3.2	3.4
Residents confined to chairs.		64	62.7	48.4	50.8
Residents requiring restraints.		32	31.4	35.7	41.3
Confused or disoriented residents.		62	60.8	53.7	58.4
Residents with bed sores.		7	6.9	8.0	7.1
Residents receiving special skin care.		27	26.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDWARDSVILLE CARE CTR

Street Address:		City and State:	
1095 UNIVERSITY DR		EDWARDSVILLE IL 62025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
116	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	94.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	84.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	71.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	99.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	77.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	35.3	33.8	37.7
Completely bedfast residents.	1	0.9	3.2	3.4
Residents confined to chairs.	78	67.2	48.4	50.8
Residents requiring restraints.	63	54.3	35.7	41.3
Confused or disoriented residents.	73	62.9	53.7	58.4
Residents with bed sores.	17	14.7	8.0	7.1
Residents receiving special skin care.	33	28.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MADISON COUNTY NURSING HOME

Street Address: 2121 TROY RD		City and State: EDWARDSVILLE IL 62025	
Participation: MEDICAID ICF	# of Beds: 100	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	Medicare Residents: 0	Medicaid Residents: 45
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	86.2	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	89	94.7	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	74	78.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	73.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	73.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	10	10.6	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	47.9	19.4	29.3
Completely bedfast residents.	5	5.3	0.7	3.6
Residents confined to chairs.	64	68.1	27.6	39.1
Residents requiring restraints.	54	57.4	23.4	31.7
Confused or disoriented residents.	75	79.8	49.8	55.8
Residents with bed sores.	9	9.6	4.0	4.7
Residents receiving special skin care.	33	35.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRY CARE OF EFFINGHAM

Street Address: 1115 N WENTHE ST		City and State: EFFINGHAM IL 62401	
Participation: MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: PROPRIETARY	Survey Date: 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	Medicare Residents: 0	Medicaid Residents: 91	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	55.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	54	48.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	31.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	67.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	49.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	9.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	21	18.9	48.4	50.8
Residents requiring restraints.	15	13.5	35.7	41.3
Confused or disoriented residents.	33	29.7	53.7	58.4
Residents with bed sores.	2	1.8	8.0	7.1
Residents receiving special skin care.	24	21.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKELAND HEALTHCARE CENTER

Street Address: 800 W TEMPLE		City and State: EFFINGHAM IL 62401	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 194	Type of Ownership: PROPRIETARY	Survey Date: 02/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 138	Medicare Residents: 0	Medicaid Residents: 75			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		101	73.2	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		107	77.5	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		90	65.2	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		93	67.4	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		64	46.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		39	28.3	33.8	37.7
Completely bedfast residents.		5	3.6	3.2	3.4
Residents confined to chairs.		44	31.9	48.4	50.8
Residents requiring restraints.		45	32.6	35.7	41.3
Confused or disoriented residents.		81	58.7	53.7	58.4
Residents with bed sores.		11	8.0	8.0	7.1
Residents receiving special skin care.		9	6.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VAN DYKE CONVALESCENT CENTER

Street Address:		City and State:	
1600 NORTH LAKEWOOD		EFFINGHAM IL 62401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	84	NON-PROFIT OTHER	07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
79	0	35	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	92.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	83.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	73.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	83.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	78.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	20.3	33.8	37.7
Completely bedfast residents.	1	1.3	3.2	3.4
Residents confined to chairs.	15	19.0	48.4	50.8
Residents requiring restraints.	40	50.6	35.7	41.3
Confused or disoriented residents.	56	70.9	53.7	58.4
Residents with bed sores.	4	5.1	8.0	7.1
Residents receiving special skin care.	15	19.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EL PASO HEALTH CARE CENTER

Street Address: 850 E 2ND ST		City and State: EL PASO IL 61738	
Participation: MEDICAID SNF/ICF	# of Beds: 123	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	Medicare Residents: 0	Medicaid Residents: 111	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	51.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	54.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	43.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	37.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	45.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	39	33.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	31	26.7	48.4	50.8
Residents requiring restraints.	30	25.9	35.7	41.3
Confused or disoriented residents.	76	65.5	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	8	6.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR NURSING & CONV HOME

Street Address: 555 E CLAY ST		City and State: EL PASO IL 61738	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 49	Type of Ownership: PROPRIETARY	Survey Date: 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 0	Medicaid Residents: 15	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	75.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	38	86.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	30	68.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	72.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	28	63.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	36.4	33.8	37.7
Completely bedfast residents.	7	15.9	3.2	3.4
Residents confined to chairs.	23	52.3	48.4	50.8
Residents requiring restraints.	7	15.9	35.7	41.3
Confused or disoriented residents.	17	38.6	53.7	58.4
Residents with bed sores.	9	20.5	8.0	7.1
Residents receiving special skin care.	11	25.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELDORADO NURSING HOME INC

Street Address:		City and State:	
3RD AND RAILROAD STS		ELDORADO IL 62930	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	74	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
71	0	37	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	69.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	55	77.5	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	63.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	59.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	62.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	31.0	19.4	29.3
Completely bedfast residents.	1	1.4	0.7	3.6
Residents confined to chairs.	29	40.8	27.6	39.1
Residents requiring restraints.	24	33.8	23.4	31.7
Confused or disoriented residents.	21	29.6	49.8	55.8
Residents with bed sores.	4	5.6	4.0	4.7
Residents receiving special skin care.	15	21.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOUNTAINVIEW INC

Street Address:		City and State:	
US RT 45 S JEFFERSON		ELDORADO IL 62930	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	135	PROPRIETARY	02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
123	0	83		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	55.3	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	78	63.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	70	56.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	55.3	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	46.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	23.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	18	14.6	27.6	39.1
Residents requiring restraints.	17	13.8	23.4	31.7
Confused or disoriented residents.	43	35.0	49.8	55.8
Residents with bed sores.	8	6.5	4.0	4.7
Residents receiving special skin care.	42	34.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIFE CARE CENTER OF ELDORADO INC

Street Address:		City and State:	
1700 JASPER STREET		ELDORADO IL 62930	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	79	PROPRIETARY	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
66	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	89.4	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	58	87.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	66.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	65.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	59.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	51.5	19.4	29.3
Completely bedfast residents.	2	3.0	0.7	3.6
Residents confined to chairs.	23	34.8	27.6	39.1
Residents requiring restraints.	19	28.8	23.4	31.7
Confused or disoriented residents.	38	57.6	49.8	55.8
Residents with bed sores.	11	16.7	4.0	4.7
Residents receiving special skin care.	48	72.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA HEALTHCARE CENTER

Street Address:		City and State:	
180 S STATE ST		ELGIN IL 60120	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	67	PROPRIETARY	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
57	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	84.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	49	86.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	78.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	78.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	70.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	63.2	33.8	37.7
Completely bedfast residents.	1	1.8	3.2	3.4
Residents confined to chairs.	25	43.9	48.4	50.8
Residents requiring restraints.	24	42.1	35.7	41.3
Confused or disoriented residents.	33	57.9	53.7	58.4
Residents with bed sores.	6	10.5	8.0	7.1
Residents receiving special skin care.	8	14.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAVANA HEALTH CARE CENTER

Street Address:		City and State:	
2750 WEST HIGHLAND AVENUE		ELGIN IL 60120	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	49	NON-PROFIT RELIGIOUS	08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
49	0	4			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		47	95.9	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		41	83.7	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		41	83.7	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		47	95.9	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		34	69.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.		36	73.5	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	30.6	33.8	37.7
Completely bedfast residents.		0	0.0	3.2	3.4
Residents confined to chairs.		38	77.6	48.4	50.8
Residents requiring restraints.		25	51.0	35.7	41.3
Confused or disoriented residents.		42	85.7	53.7	58.4
Residents with bed sores.		4	8.2	8.0	7.1
Residents receiving special skin care.		41	83.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IMPERIAL NSG CTR OF ELGIN

Street Address: 50 N JANE DR		City and State: ELGIN IL 60123	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 203	Type of Ownership: PROPRIETARY	Survey Date: 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 193	Medicare Residents: 0	Medicaid Residents: 140	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	147	76.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	145	75.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	135	69.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	76.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	135	69.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	44	22.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	55	28.5	33.8	37.7
Completely bedfast residents.	7	3.6	3.2	3.4
Residents confined to chairs.	88	45.6	48.4	50.8
Residents requiring restraints.	63	32.6	35.7	41.3
Confused or disoriented residents.	130	67.4	53.7	58.4
Residents with bed sores.	23	11.9	8.0	7.1
Residents receiving special skin care.	19	9.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LITTLE ANGELS NH

Street Address:		City and State:	
BOX 304 RT 4		ELGIN IL 60120	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	50	PROPRIETARY	05/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
50	0	47	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	100	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	100	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	14.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	96.0	33.8	37.7
Completely bedfast residents.	47	94.0	3.2	3.4
Residents confined to chairs.	47	94.0	48.4	50.8
Residents requiring restraints.	45	90.0	35.7	41.3
Confused or disoriented residents.	0	0.0	53.7	58.4
Residents with bed sores.	4	8.0	8.0	7.1
Residents receiving special skin care.	50	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OLIVETTE SKILLED NURSING CARE CENTER

Street Address:		City and State:	
355 RAYMOND STREET		ELGIN IL 60120	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
63	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	84.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	92.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	73.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	81.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	69.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	22.2	33.8	37.7
Completely bedfast residents.	1	1.6	3.2	3.4
Residents confined to chairs.	53	84.1	48.4	50.8
Residents requiring restraints.	39	61.9	35.7	41.3
Confused or disoriented residents.	43	68.3	53.7	58.4
Residents with bed sores.	5	7.9	8.0	7.1
Residents receiving special skin care.	0	0.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELIZABETH NURSING HOME

Street Address: 540 PLEASANT ST		City and State: ELIZABETH IL 61028	
Participation: MEDICAID ICF	# of Beds: 49	Type of Ownership: PROPRIETARY	Survey Date: 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 0	Medicaid Residents: 8	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	95.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	68.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	56.3	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	56.3	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	41.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	16.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	20	41.7	27.6	39.1
Residents requiring restraints.	13	27.1	23.4	31.7
Confused or disoriented residents.	19	39.6	49.8	55.8
Residents with bed sores.	4	8.3	4.0	4.7
Residents receiving special skin care.	4	8.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ELMHURST EXTENDED CARE CENTER

Street Address: 200 E LAKE ST		City and State: ELMHURST IL 60126	
Participation: MEDICARE SNF	# of Beds: 112	Type of Ownership: PROPRIETARY	Survey Date: 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 105	Medicare Residents: 5	Medicaid Residents: 4
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	74.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	93.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	90	85.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	82.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	74.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	41.9	33.8	37.7
Completely bedfast residents.	1	1.0	3.2	3.4
Residents confined to chairs.	68	64.8	48.4	50.8
Residents requiring restraints.	80	76.2	35.7	41.3
Confused or disoriented residents.	61	58.1	53.7	58.4
Residents with bed sores.	8	7.6	8.0	7.1
Residents receiving special skin care.	49	46.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE YORK CONVALESCENT CENTER

Street Address: 127 DIVERSEY AVENUE		City and State: ELMHURST IL 60126	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 188	Type of Ownership: PROPRIETARY	Survey Date: 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
183	0	126			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	137	74.9	71.5	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	156	85.2	77.5	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	130	71.0	68.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	96.2	70.3	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	111	60.7	64.6	68.2	
Residents on individually written bowel and bladder retraining program.	6	3.3	6.1	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	45	24.6	33.8	37.7	
Completely bedfast residents.	3	1.6	3.2	3.4	
Residents confined to chairs.	117	63.9	48.4	50.8	
Residents requiring restraints.	63	34.4	35.7	41.3	
Confused or disoriented residents.	104	56.8	53.7	58.4	
Residents with bed sores.	16	8.7	8.0	7.1	
Residents receiving special skin care.	9	4.9	33.1	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROYAL ELM CONVALESCENT CENTER

Street Address: 7733 W GRAND AVENUE		City and State: ELMWOOD PARK IL 60635	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 245	Type of Ownership: PROPRIETARY	Survey Date: 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 200	Medicare Residents: 1	Medicaid Residents: 99
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	159	79.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	141	70.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	120	60.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	61.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	59.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	15	7.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	24.5	33.8	37.7
Completely bedfast residents.	7	3.5	3.2	3.4
Residents confined to chairs.	95	47.5	48.4	50.8
Residents requiring restraints.	55	27.5	35.7	41.3
Confused or disoriented residents.	122	61.0	53.7	58.4
Residents with bed sores.	24	12.0	8.0	7.1
Residents receiving special skin care.	51	25.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MATTINGLY HEALTH CARE CTR

Street Address:		City and State:	
207 EAST COLLEGE		ENERGY IL 62933	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	159	NON-PROFIT OTHER	12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
75	0	59	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	72.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	72.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	56.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	54.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	68.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	25.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	38	50.7	27.6	39.1
Residents requiring restraints.	34	45.3	23.4	31.7
Confused or disoriented residents.	50	66.7	49.8	55.8
Residents with bed sores.	4	5.3	4.0	4.7
Residents receiving special skin care.	15	20.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIFECARE CENTER OF ENFIELD INC

Street Address:		City and State:	
NORTH WILSON BOX 285		ENFIELD IL 62835	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	49	PROPRIETARY	04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	44.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	63.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	61.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	48.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	40.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	10.6	19.4	29.3
Completely bedfast residents.	2	4.3	0.7	3.6
Residents confined to chairs.	17	36.2	27.6	39.1
Residents requiring restraints.	13	27.7	23.4	31.7
Confused or disoriented residents.	33	70.2	49.8	55.8
Residents with bed sores.	1	2.1	4.0	4.7
Residents receiving special skin care.	4	8.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EUREKA APOSTOLIC CHRISTIAN HOME

Street Address:		City and State:	
610 WEST CRUGER STREET		EUREKA IL 61530	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	100	NON-PROFIT RELIGIOUS	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
62	0	17	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	80.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	85.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	35	56.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	71.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	54.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	38.7	33.8	37.7
Completely bedfast residents.	1	1.6	3.2	3.4
Residents confined to chairs.	36	58.1	48.4	50.8
Residents requiring restraints.	28	45.2	35.7	41.3
Confused or disoriented residents.	37	59.7	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	6	9.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAPLE LAWN HEALTH CENTER

Street Address:		City and State:	
R R 2		EUREKA IL 61530	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	80	NON-PROFIT RELIGIOUS	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
77	0	22		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	61.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	80.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	52	67.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	68.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	53.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	32.5	33.8	37.7
Completely bedfast residents.	1	1.3	3.2	3.4
Residents confined to chairs.	43	55.8	48.4	50.8
Residents requiring restraints.	34	44.2	35.7	41.3
Confused or disoriented residents.	29	37.7	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	46	59.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DOBSON PLAZA NURSING HOME

Street Address: 120 DODGE AVE		City and State: EVANSTON IL 60202	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 60	Type of Ownership: PROPRIETARY	Survey Date: 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 57	Medicare Residents: 0	Medicaid Residents: 17	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	77.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	73.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	41	71.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	71.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	57.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	5.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	33.3	33.8	37.7
Completely bedfast residents.	2	3.5	3.2	3.4
Residents confined to chairs.	22	38.6	48.4	50.8
Residents requiring restraints.	25	43.9	35.7	41.3
Confused or disoriented residents.	25	43.9	53.7	58.4
Residents with bed sores.	3	5.3	8.0	7.1
Residents receiving special skin care.	5	8.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PRESBYTERIAN HOME

Street Address: 3200 GRANT ST		City and State: EVANSTON IL 60201	
Participation: MEDICARE SNF/ICF	# of Beds: 243	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 104	Medicare Residents: 9	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	53.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	90.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	62.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	56.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	62.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	20.2	33.8	37.7
Completely bedfast residents.	1	1.0	3.2	3.4
Residents confined to chairs.	21	20.2	48.4	50.8
Residents requiring restraints.	16	15.4	35.7	41.3
Confused or disoriented residents.	15	14.4	53.7	58.4
Residents with bed sores.	5	4.8	8.0	7.1
Residents receiving special skin care.	42	40.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MFT	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RAINTREE HEALTH CARE CENTER

Street Address: 1406 CHICAGO AVE		City and State: EVANSTON IL 60201	
Participation: MEDICAID ICF	# of Beds: 145	Type of Ownership: PROPRIETARY	Survey Date: 12/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	Medicare Residents: 0	Medicaid Residents: 126	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	21.6	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	25.2	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	20	14.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	28.1	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	14.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	15	10.8	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	10.8	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	4	2.9	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	20	14.4	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	19	13.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGEVIEW HOUSE

Street Address:		City and State:	
901 MAPLE		EVANSTON IL 60202	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	437	PROPRIETARY	07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
395	0	358

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	10.1	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	8.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	1	0.3	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	0.3	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	4	1.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	0.8	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	1	0.3	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	10	2.5	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIDGEVIEW PAVILION INC

Street Address: 820 FOSTER AVENUE		City and State: EVANSTON IL 60201	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 300	Type of Ownership: PROPRIETARY	Survey Date: 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 269	Medicare Residents: 0	Medicaid Residents: 256	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	189	70.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	224	83.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	24.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	54.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	133	49.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	42	15.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	149	55.4	33.8	37.7
Completely bedfast residents.	9	3.3	3.2	3.4
Residents confined to chairs.	96	35.7	48.4	50.8
Residents requiring restraints.	48	17.8	35.7	41.3
Confused or disoriented residents.	165	61.3	53.7	58.4
Residents with bed sores.	8	3.0	8.0	7.1
Residents receiving special skin care.	72	26.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST FRANCIS EXTENDED CARE CENTER

Street Address: 500 ASBURY		City and State: EVANSTON IL 60202	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 124	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	Medicare Residents: 11	Medicaid Residents: 46	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	78.2	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	99	83.2	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	95	79.8	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	79.0	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	77.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	6.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	45.4	33.8	37.7
Completely bedfast residents.	11	9.2	3.2	3.4
Residents confined to chairs.	71	59.7	48.4	50.8
Residents requiring restraints.	20	16.8	35.7	41.3
Confused or disoriented residents.	81	68.1	53.7	58.4
Residents with bed sores.	22	18.5	8.0	7.1
Residents receiving special skin care.	50	42.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARKLANE NURSING CENTER

Street Address:		City and State:	
9125 S PULASKI		EVERGREEN PARK IL 60642	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	249	PROPRIETARY	10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
241	0	183	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	151	62.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	168	69.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	126	52.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	177	73.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	140	58.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	9	3.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	67	27.8	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	123	51.0	48.4	50.8
Residents requiring restraints.	112	46.5	35.7	41.3
Confused or disoriented residents.	140	58.1	53.7	58.4
Residents with bed sores.	14	5.8	8.0	7.1
Residents receiving special skin care.	109	45.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PEACE MEMORIAL HOME

Street Address:		City and State:	
10124 S KEDZIE		EVERGREEN PARK IL 60642	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	242	NON-PROFIT OTHER	03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
236	0	41	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	138	58.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	200	84.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	191	80.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	199	84.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	155	65.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	42	17.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	35.2	33.8	37.7
Completely bedfast residents.	3	1.3	3.2	3.4
Residents confined to chairs.	114	48.3	48.4	50.8
Residents requiring restraints.	102	43.2	35.7	41.3
Confused or disoriented residents.	119	50.4	53.7	58.4
Residents with bed sores.	25	10.6	8.0	7.1
Residents receiving special skin care.	28	11.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRBURY HOSP SKILLED CARE UNIT

Street Address:		City and State:	
519 SOUTH FIFTH STREET		FAIRBURY IL 61739	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	19	NON-PROFIT OTHER	08/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
17	1	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	1	5.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	16	94.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	16	94.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	94.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	9	52.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	29.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	5	29.4	48.4	50.8
Residents requiring restraints.	4	23.5	35.7	41.3
Confused or disoriented residents.	6	35.3	53.7	58.4
Residents with bed sores.	2	11.8	8.0	7.1
Residents receiving special skin care.	4	23.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRVIEW HAVEN INC

Street Address:		City and State:	
605 NORTH FOURTH STREET		FAIRBURY IL 61739	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	54	NON-PROFIT RELIGIOUS	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
54	0	6		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	81.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	75.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	75.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	75.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	36	66.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	16.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	42	77.8	27.6	39.1
Residents requiring restraints.	13	24.1	23.4	31.7
Confused or disoriented residents.	47	87.0	49.8	55.8
Residents with bed sores.	3	5.6	4.0	4.7
Residents receiving special skin care.	9	16.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HELEN LEWIS SMITH PAVILION

Street Address:		City and State:	
519 SOUTH 5TH ST		FAIRBURY IL 61739	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	49	NON-PROFIT OTHER	10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
45		0		6	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		33	73.3	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		30	66.7	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		25	55.6	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		41	91.1	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		21	46.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		10	22.2	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		23	51.1	27.6	39.1
Residents requiring restraints.		16	35.6	23.4	31.7
Confused or disoriented residents.		19	42.2	49.8	55.8
Residents with bed sores.		1	2.2	4.0	4.7
Residents receiving special skin care.		10	22.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRFIELD MEMORIAL HOSPITAL SCU

Street Address:		City and State:	
NORTH WEST 11TH STREET		FAIRFIELD IL 62837	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	23	NON-PROFIT OTHER	10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
18	2	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	100	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	18	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	16	88.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	94.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	66.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	55.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	6	33.3	48.4	50.8
Residents requiring restraints.	8	44.4	35.7	41.3
Confused or disoriented residents.	12	66.7	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	6	33.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WAY FAIR RESTORIUM

Street Address: 11 EAST HARDING		City and State: FAIRFIELD IL 62837	
Participation: MEDICAID SNF/ICF	# of Beds: 104	Type of Ownership: NON-PROFIT OTHER	Survey Date: 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	Medicare Residents: 0	Medicaid Residents: 18	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	100	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	89.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	84.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	69.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	69.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	38.7	33.8	37.7
Completely bedfast residents.	4	4.3	3.2	3.4
Residents confined to chairs.	78	83.9	48.4	50.8
Residents requiring restraints.	53	57.0	35.7	41.3
Confused or disoriented residents.	69	74.2	53.7	58.4
Residents with bed sores.	6	6.5	8.0	7.1
Residents receiving special skin care.	3	3.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JACKSON HEIGHTS NH

Street Address:		City and State:	
BROOKVIEW DRIVE RR 1 BOX 10		FARMER CITY IL 61842	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	51	NON-PROFIT OTHER	11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	89.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	91.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	75.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	75.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	69.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	49.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	35	71.4	27.6	39.1
Residents requiring restraints.	12	24.5	23.4	31.7
Confused or disoriented residents.	34	69.4	49.8	55.8
Residents with bed sores.	1	2.0	4.0	4.7
Residents receiving special skin care.	26	53.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FARMINGTON NURSING HOME

Street Address: HIGHWAY 78 SOUTH		City and State: FARMINGTON IL 61531	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 84	Type of Ownership: PROPRIETARY	Survey Date: 04/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	Medicare Residents: 0	Medicaid Residents: 31	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	87.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	76	95.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	92.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	92.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	71.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	61.2	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	50	62.5	48.4	50.8
Residents requiring restraints.	53	66.2	35.7	41.3
Confused or disoriented residents.	69	86.2	53.7	58.4
Residents with bed sores.	13	16.2	8.0	7.1
Residents receiving special skin care.	74	92.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEULAH LAND CHRISTIAN HOME

Street Address: ROUTE 116		City and State: FLANAGAN IL 61740	
Participation: MEDICAID SNF/ICF	# of Beds: 75	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	Medicare Residents: 0	Medicaid Residents: 9
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	40	95.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	31	73.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	81.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	64.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	64.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	40.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	16	38.1	48.4	50.8
Residents requiring restraints.	21	50.0	35.7	41.3
Confused or disoriented residents.	24	57.1	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	10	23.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOOD SAMARITAN HOME

Street Address:		City and State:	
BOX 308		FLANAGAN IL 61740	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	60	NON-PROFIT RELIGIOUS	09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
60	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	76.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	51	85.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	42	70.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	66.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	58.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	40.0	33.8	37.7
Completely bedfast residents.	1	1.7	3.2	3.4
Residents confined to chairs.	9	15.0	48.4	50.8
Residents requiring restraints.	17	28.3	35.7	41.3
Confused or disoriented residents.	32	53.3	53.7	58.4
Residents with bed sores.	4	6.7	8.0	7.1
Residents receiving special skin care.	29	48.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLORA CARE CENTER

Street Address:		City and State:	
US 50 FRONTAGE RD WEST		FLORA IL 62839	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	99	PROPRIETARY	08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
95	0	62		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	49.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	61.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	61.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	55.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	44.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	12	12.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	35.8	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	47	49.5	48.4	50.8
Residents requiring restraints.	38	40.0	35.7	41.3
Confused or disoriented residents.	73	76.8	53.7	58.4
Residents with bed sores.	6	6.3	8.0	7.1
Residents receiving special skin care.	15	15.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FLORA NURSING CENTER

Street Address: 701 SHADWELL		City and State: FLORA IL 62839	
Participation: MEDICAID SNF/ICF	# of Beds: 110	Type of Ownership: PROPRIETARY	Survey Date: 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 0	Medicaid Residents: 66	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	49.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	71	66.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	56.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	56.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	54.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	32.7	33.8	37.7
Completely bedfast residents.	1	0.9	3.2	3.4
Residents confined to chairs.	43	40.2	48.4	50.8
Residents requiring restraints.	44	41.1	35.7	41.3
Confused or disoriented residents.	51	47.7	53.7	58.4
Residents with bed sores.	15	14.0	8.0	7.1
Residents receiving special skin care.	40	37.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ALTENHEIM GERIATRIC CENTER

Street Address: 7824 WEST MADISON STREET		City and State: FOREST PARK IL 60130	
Participation: MEDICAID ICF	# of Beds: 151	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	Medicare Residents: 0	Medicaid Residents: 8		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	96.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	65	76.5	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	57.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	57.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	40.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	11.8	19.4	29.3
Completely bedfast residents.	1	1.2	0.7	3.6
Residents confined to chairs.	32	37.6	27.6	39.1
Residents requiring restraints.	14	16.5	23.4	31.7
Confused or disoriented residents.	58	68.2	49.8	55.8
Residents with bed sores.	7	8.2	4.0	4.7
Residents receiving special skin care.	8	9.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRANKFORT TERRACE

Street Address:		City and State:	
40 N SMITH ST		FRANKFORT IL 60423	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
117	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	27.4	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	31.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	25.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	49.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	34.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	1	0.9	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	9.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	11	9.4	27.6	39.1
Residents requiring restraints.	29	24.8	23.4	31.7
Confused or disoriented residents.	19	16.2	49.8	55.8
Residents with bed sores.	5	4.3	4.0	4.7
Residents receiving special skin care.	33	28.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRANKLIN GROVE HLTH CARE CTR

Street Address:		City and State:	
500 N STATE ST		FRANKLIN GROVE IL 61031	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	121	NON-PROFIT PRIVATE	03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
112	0	41		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	77.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	79.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	60.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	57.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	57.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	35.7	33.8	37.7
Completely bedfast residents.	1	0.9	3.2	3.4
Residents confined to chairs.	23	20.5	48.4	50.8
Residents requiring restraints.	32	28.6	35.7	41.3
Confused or disoriented residents.	60	53.6	53.7	58.4
Residents with bed sores.	6	5.4	8.0	7.1
Residents receiving special skin care.	17	15.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTLAKE PAVILION

Street Address: 10500 W GRAND AVE		City and State: FRANKLIN PARK IL 60131	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 154	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 127	Medicare Residents: 1	Medicaid Residents: 64	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	123	96.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	113	89.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	113	89.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	89.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	107	84.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	66.1	33.8	37.7
Completely bedfast residents.	3	2.4	3.2	3.4
Residents confined to chairs.	71	55.9	48.4	50.8
Residents requiring restraints.	88	69.3	35.7	41.3
Confused or disoriented residents.	75	59.1	53.7	58.4
Residents with bed sores.	14	11.0	8.0	7.1
Residents receiving special skin care.	48	37.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FREEBURG CARE CENTER

Street Address:		City and State:	
ROUTE 2 BOX 180M HIGHWAY 15E		FREEBURG IL 62243	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	108	PROPRIETARY	07/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
100	0	55		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	67.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	78.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	63.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	73.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	58.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	37.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	39	39.0	48.4	50.8
Residents requiring restraints.	25	25.0	35.7	41.3
Confused or disoriented residents.	54	54.0	53.7	58.4
Residents with bed sores.	2	2.0	8.0	7.1
Residents receiving special skin care.	9	9.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FREEPORT MANOR NURSING HOME

Street Address: 900 S KIWANIS DR		City and State: FREEPORT IL 61032	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 116	Type of Ownership: NON-PROFIT OTHER	Survey Date: 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	Medicare Residents: 0	Medicaid Residents: 35		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	82.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	80.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	75.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	76.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	61.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	30.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	39	35.8	48.4	50.8
Residents requiring restraints.	65	59.6	35.7	41.3
Confused or disoriented residents.	49	45.0	53.7	58.4
Residents with bed sores.	10	9.2	8.0	7.1
Residents receiving special skin care.	45	41.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FREEPORT MEMORIAL HOSPITAL SNU

Street Address:		City and State:	
1045 WEST STEPHENSON STREET		FREEPORT IL 61032	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	24	NON-PROFIT OTHER	06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
22	12	9	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	77.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	20	90.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	20	90.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	90.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	10	45.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	22.7	33.8	37.7
Completely bedfast residents.	1	4.5	3.2	3.4
Residents confined to chairs.	5	22.7	48.4	50.8
Residents requiring restraints.	4	18.2	35.7	41.3
Confused or disoriented residents.	4	18.2	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	12	54.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPHS HOME FOR THE AGED

Street Address: 649 E JEFFERSON ST		City and State: FREEPORT IL 61032	
Participation: MEDICAID ICF	# of Beds: 108	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 0	Medicaid Residents: 64
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	93	86.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	82	76.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	64	59.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	71.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	61.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	8	7.5	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	18.7	19.4	29.3
Completely bedfast residents.	4	3.7	0.7	3.6
Residents confined to chairs.	47	43.9	27.6	39.1
Residents requiring restraints.	46	43.0	23.4	31.7
Confused or disoriented residents.	55	51.4	49.8	55.8
Residents with bed sores.	7	6.5	4.0	4.7
Residents receiving special skin care.	23	21.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HARBOR CREST HOME

Street Address: 810 E 17TH ST		City and State: FULTON IL 61252	
Participation: MEDICAID ICF	# of Beds: 84	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	Medicare Residents: 0	Medicaid Residents: 27
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	98.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	69	84.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	63	76.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	79.3	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	40.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	34	41.5	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	39.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	17	20.7	27.6	39.1
Residents requiring restraints.	42	51.2	23.4	31.7
Confused or disoriented residents.	38	46.3	49.8	55.8
Residents with bed sores.	3	3.7	4.0	4.7
Residents receiving special skin care.	18	22.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

FINNIE GOOD SHEPHERD NH INC

Street Address:		City and State:	
MAINCROSS AND LEGION STREETS		GALATIA IL 62935	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	73	PROPRIETARY	11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	100	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	70	100	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	63	90.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	91.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	94.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	14	20.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	52.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	63	90.0	27.6	39.1
Residents requiring restraints.	40	57.1	23.4	31.7
Confused or disoriented residents.	65	92.9	49.8	55.8
Residents with bed sores.	9	12.9	4.0	4.7
Residents receiving special skin care.	47	67.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GALENA STRAUSS HOSPITAL SNF

Street Address:		City and State:	
215 SUMMIT		GALENA IL 61036	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF	34	NON-PROFIT OTHER	09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
32	0	7	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	87.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	28	87.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	84.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	84.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	68.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	31.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	10	31.3	48.4	50.8
Residents requiring restraints.	10	31.3	35.7	41.3
Confused or disoriented residents.	13	40.6	53.7	58.4
Residents with bed sores.	1	3.1	8.0	7.1
Residents receiving special skin care.	12	37.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE APPLEGATE EAST

Street Address:		City and State:	
1145 FRANK STREET		GALESBURG IL 61401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	105	PROPRIETARY	04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
84	0	24		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		67	79.8	58.0
Dressing				
Residents requiring some or total assistance in dressing.		71	84.5	61.9
Toileting				
Residents requiring some or total assistance in toileting.		55	65.5	46.6
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		74	88.1	50.5
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		59	70.2	44.4
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.		11	13.1	19.4
Completely bedfast residents.		0	0.0	0.7
Residents confined to chairs.		14	16.7	27.6
Residents requiring restraints.		23	27.4	23.4
Confused or disoriented residents.		48	57.1	49.8
Residents with bed sores.		5	6.0	4.0
Residents receiving special skin care.		5	6.0	21.1

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GALESBURG NSG REHAB CTR

Street Address:		City and State:	
280 E LOSEY		GALESBURG IL 61401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	69	PROPRIETARY	03/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
64	0	24	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	100	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	95.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	82.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	85.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	75.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	20.3	33.8	37.7
Completely bedfast residents.	1	1.6	3.2	3.4
Residents confined to chairs.	27	42.2	48.4	50.8
Residents requiring restraints.	55	85.9	35.7	41.3
Confused or disoriented residents.	33	51.6	53.7	58.4
Residents with bed sores.	8	12.5	8.0	7.1
Residents receiving special skin care.	14	21.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KNOX MANOR

Street Address:		City and State:	
820 5TH ST		GALESBURG IL 61401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	101	NON-PROFIT OTHER	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
87	0	83		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	60.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	70.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	51.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	59.8	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	48.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	20.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	32	36.8	27.6	39.1
Residents requiring restraints.	34	39.1	23.4	31.7
Confused or disoriented residents.	49	56.3	49.8	55.8
Residents with bed sores.	9	10.3	4.0	4.7
Residents receiving special skin care.	18	20.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARIGOLD

Street Address:		City and State:	
275 EAST CARL SANDBURG DR		GALESBURG IL 61401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	182	NON-PROFIT OTHER	05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
167	2	101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	124	74.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	149	89.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	137	82.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	89.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	139	83.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	26	15.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	64	38.3	33.8	37.7
Completely bedfast residents.	4	2.4	3.2	3.4
Residents confined to chairs.	68	40.7	48.4	50.8
Residents requiring restraints.	66	39.5	35.7	41.3
Confused or disoriented residents.	131	78.4	53.7	58.4
Residents with bed sores.	24	14.4	8.0	7.1
Residents receiving special skin care.	49	29.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SANDBURG CARE CENTER INC

Street Address: 1250 W CARL SANDBURG DR		City and State: GALESBURG IL 61401	
Participation: MEDICAID SNF/ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	Medicare Residents: 0	Medicaid Residents: 0	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	87.5	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	22	91.7	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	20	83.3	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	83.3	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	41.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	29.2	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	18	75.0	48.4	50.8
Residents requiring restraints.	4	16.7	35.7	41.3
Confused or disoriented residents.	7	29.2	53.7	58.4
Residents with bed sores.	3	12.5	8.0	7.1
Residents receiving special skin care.	5	20.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST MARYS HOSPITAL SNU

Street Address:		City and State:	
3333 NORTH SEMINARY		GALESBURG IL 61401	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	14	NON-PROFIT RELIGIOUS	10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
8	7	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	6	75.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	6	75.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	2	25.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	75.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	25.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	12.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	1	12.5	48.4	50.8
Residents requiring restraints.	1	12.5	35.7	41.3
Confused or disoriented residents.	0	0.0	53.7	58.4
Residents with bed sores.	1	12.5	8.0	7.1
Residents receiving special skin care.	2	25.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

GENESEO GOOD SAMARITAN CTR

Street Address:		City and State:	
704 S ILLINOIS ST		GENESEO IL 61254	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	72	NON-PROFIT RELIGIOUS	01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
70	0	16		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	62.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	72.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	57.1	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	61.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	37.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	2	2.9	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	18.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	9	12.9	27.6	39.1
Residents requiring restraints.	31	44.3	23.4	31.7
Confused or disoriented residents.	36	51.4	49.8	55.8
Residents with bed sores.	6	8.6	4.0	4.7
Residents receiving special skin care.	25	35.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMMOND HENRY DISTRICT HOSPITAL

Street Address:		City and State:	
210 WEST ELK STREET		GENESEO IL 61254	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	105	FEDERAL GOVERNMENT	05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
50	1	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	98.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	48	96.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	90.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	84.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	90.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	24.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	11	22.0	48.4	50.8
Residents requiring restraints.	20	40.0	35.7	41.3
Confused or disoriented residents.	8	16.0	53.7	58.4
Residents with bed sores.	4	8.0	8.0	7.1
Residents receiving special skin care.	5	10.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLCREST NURSING HOME

Street Address:		City and State:	
RT 4		GENESEO IL 61254	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	189	LOCAL GOVERNMENT	02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
176	0	113	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	130	73.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	126	71.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	110	62.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	59.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	108	61.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	48	27.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	70	39.8	33.8	37.7
Completely bedfast residents.	1	0.6	3.2	3.4
Residents confined to chairs.	39	22.2	48.4	50.8
Residents requiring restraints.	73	41.5	35.7	41.3
Confused or disoriented residents.	78	44.3	53.7	58.4
Residents with bed sores.	12	6.8	8.0	7.1
Residents receiving special skin care.	16	9.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GIBSON MANOR INC

Street Address: 525 HAZEL DRIVE		City and State: GIBSON CITY IL 60936	
Participation: MEDICAID ICF	# of Beds: 71	Type of Ownership: PROPRIETARY	Survey Date: 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	Medicare Residents: 0	Medicaid Residents: 51	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	51.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	61.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	54.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	66.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	42.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	25.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	11	16.2	27.6	39.1
Residents requiring restraints.	25	36.8	23.4	31.7
Confused or disoriented residents.	26	38.2	49.8	55.8
Residents with bed sores.	4	5.9	4.0	4.7
Residents receiving special skin care.	33	48.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COUNTRY HEALTH INC

Street Address: RR 1 BOX 14		City and State: GIFFORD IL 61847	
Participation: MEDICAID SNF/ICF	# of Beds: 89	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	Medicare Residents: 0	Medicaid Residents: 47
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	98.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	69.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	62.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	60.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	27.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	37	41.6	48.4	50.8
Residents requiring restraints.	28	31.5	35.7	41.3
Confused or disoriented residents.	61	68.5	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	15	16.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

BARRY CARE CENTER OF GILLESPIE

Street Address:		City and State:	
R R 2		GILLESPIE IL 62033	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	98	PROPRIETARY	04/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
90	0	52	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	73.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	83.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	70.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	75.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	54.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	35.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	65	72.2	48.4	50.8
Residents requiring restraints.	37	41.1	35.7	41.3
Confused or disoriented residents.	47	52.2	53.7	58.4
Residents with bed sores.	1	1.1	8.0	7.1
Residents receiving special skin care.	23	25.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GILMAN NURSING HOME

Street Address:		City and State:	
ROUTE 45 SOUTH P O BOX 307		GILMAN IL 60938	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	51	PROPRIETARY	05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
48	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	85.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	39	81.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	36	75.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	68.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	39.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	13	27.1	48.4	50.8
Residents requiring restraints.	20	41.7	35.7	41.3
Confused or disoriented residents.	26	54.2	53.7	58.4
Residents with bed sores.	2	4.2	8.0	7.1
Residents receiving special skin care.	3	6.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT HILL VILLAGE

Street Address: 1010 W NORTH ST		City and State: GIRARD IL 62640	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 98	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	Medicare Residents: 0	Medicaid Residents: 62		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	82.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	78	82.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	74.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	80.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	61	64.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	24.2	33.8	37.7
Completely bedfast residents.	3	3.2	3.2	3.4
Residents confined to chairs.	37	38.9	48.4	50.8
Residents requiring restraints.	40	42.1	35.7	41.3
Confused or disoriented residents.	69	72.6	53.7	58.4
Residents with bed sores.	3	3.2	8.0	7.1
Residents receiving special skin care.	45	47.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLENVIEW TERRACE NURSING CENTER

Street Address:		City and State:	
1511 GREENWOOD RD		GLENVIEW IL 60025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	253	PROPRIETARY	12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
239	0	129	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	163	68.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	193	80.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	163	68.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	169	70.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	165	69.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	9	3.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	65	27.2	33.8	37.7
Completely bedfast residents.	2	0.8	3.2	3.4
Residents confined to chairs.	146	61.1	48.4	50.8
Residents requiring restraints.	62	25.9	35.7	41.3
Confused or disoriented residents.	137	57.3	53.7	58.4
Residents with bed sores.	20	8.4	8.0	7.1
Residents receiving special skin care.	12	5.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MARYHAVEN INC

Street Address:		City and State:	
1700 E LAKE AVENUE		GLENVIEW IL 60025	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	147	NON-PROFIT RELIGIOUS	06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
125	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	87.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	87.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	109	87.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	87.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	87.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	32.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	83	66.4	48.4	50.8
Residents requiring restraints.	63	50.4	35.7	41.3
Confused or disoriented residents.	55	44.0	53.7	58.4
Residents with bed sores.	1	0.8	8.0	7.1
Residents receiving special skin care.	0	0.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GLENWOOD TERRACE NSG HM

Street Address:		City and State:	
19330 S COTTAGE GROVE		GLENWOOD IL 60425	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	184	PROPRIETARY	02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
172	0	138	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	70.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	121	70.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	121	70.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	70.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	121	70.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	30.2	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	84	48.8	48.4	50.8
Residents requiring restraints.	59	34.3	35.7	41.3
Confused or disoriented residents.	156	90.7	53.7	58.4
Residents with bed sores.	7	4.1	8.0	7.1
Residents receiving special skin care.	68	39.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BLU FOUNTAIN MANOR

Street Address:		City and State:	
1623 W DELMAR ROUTE 100		GODFREY IL 62035	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	75	PROPRIETARY	08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
69	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	69.6	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	51	73.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	49	71.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	73.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	43.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	24.6	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	17	24.6	27.6	39.1
Residents requiring restraints.	24	34.8	23.4	31.7
Confused or disoriented residents.	33	47.8	49.8	55.8
Residents with bed sores.	2	2.9	4.0	4.7
Residents receiving special skin care.	32	46.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE D'ADRIAN CONVALESCENT CENTER

Street Address:		City and State:	
1318 WEST DELMAR		GODFREY IL 62035	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	119	PROPRIETARY	02/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
103	0	85		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		58	56.3	58.0
Dressing				
Residents requiring some or total assistance in dressing.		75	72.8	61.9
Toileting				
Residents requiring some or total assistance in toileting.		75	72.8	46.6
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	68.0	50.5
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		71	68.9	44.4
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.		33	32.0	19.4
Completely bedfast residents.		2	1.9	0.7
Residents confined to chairs.		52	50.5	27.6
Residents requiring restraints.		34	33.0	23.4
Confused or disoriented residents.		50	48.5	49.8
Residents with bed sores.		3	2.9	4.0
Residents receiving special skin care.		103	100	21.1

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE POPE COUNTY CARE CENTER

Street Address: ROSALIE ST BOX 69		City and State: GOLCONDA IL 62938	
Participation: MEDICAID ICF	# of Beds: 65	Type of Ownership: PROPRIETARY	Survey Date: 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 38	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	82.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	75.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	72.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	58.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	60.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	27.6	19.4	29.3
Completely bedfast residents.	1	1.7	0.7	3.6
Residents confined to chairs.	17	29.3	27.6	39.1
Residents requiring restraints.	27	46.6	23.4	31.7
Confused or disoriented residents.	30	51.7	49.8	55.8
Residents with bed sores.	3	5.2	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOLDEN GOOD SHEPHERD HOME INC

Street Address: RR#1, BOX 71		City and State: GOLDEN IL 62339	
Participation: MEDICAID ICF	# of Beds: 42	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	Medicare Residents: 0	Medicaid Residents: 7
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	100	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	82.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	76.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	76.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	69.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	15	38.5	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	15.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	19	48.7	27.6	39.1
Residents requiring restraints.	16	41.0	23.4	31.7
Confused or disoriented residents.	36	92.3	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	10	25.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONNADES

Street Address:		City and State:	
1 COLONIAL DRIVE		GRANITE CITY IL 62040	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	90	PROPRIETARY	09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
87	0	17	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	60.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	65	74.7	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	61	70.1	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	72.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	49.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.1	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	32.2	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	36	41.4	27.6	39.1
Residents requiring restraints.	45	51.7	23.4	31.7
Confused or disoriented residents.	39	44.8	49.8	55.8
Residents with bed sores.	2	2.3	4.0	4.7
Residents receiving special skin care.	17	19.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST ELIZABETH MEDICAL CTR SNU

Street Address: 2100 MADISON AVENUE		City and State: GRANITE CITY IL 62040	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 30	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 8	Medicare Residents: 7	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	87.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	8	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	8	100	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	75.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	12.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	62.5	33.8	37.7
Completely bedfast residents.	3	37.5	3.2	3.4
Residents confined to chairs.	5	62.5	48.4	50.8
Residents requiring restraints.	2	25.0	35.7	41.3
Confused or disoriented residents.	1	12.5	53.7	58.4
Residents with bed sores.	2	25.0	8.0	7.1
Residents receiving special skin care.	2	25.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOWOOD

Street Address:		City and State:	
320 S 2ND		GRAYVILLE IL 62844	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	104	PROPRIETARY	02/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
70	0	43		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	77.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	56	80.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	80.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	80.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	71.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	32.9	33.8	37.7
Completely bedfast residents.	6	8.6	3.2	3.4
Residents confined to chairs.	38	54.3	48.4	50.8
Residents requiring restraints.	40	57.1	35.7	41.3
Confused or disoriented residents.	58	82.9	53.7	58.4
Residents with bed sores.	12	17.1	8.0	7.1
Residents receiving special skin care.	44	62.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CUMBERLAND NURS CENTER

Street Address: RR 1 BOX 86		City and State: GREENUP IL 62428	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	Medicare Residents: 0	Medicaid Residents: 25
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	81.4	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	52	88.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	79.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	98.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	42.4	19.4	29.3
Completely bedfast residents.	7	11.9	0.7	3.6
Residents confined to chairs.	40	67.8	27.6	39.1
Residents requiring restraints.	32	54.2	23.4	31.7
Confused or disoriented residents.	35	59.3	49.8	55.8
Residents with bed sores.	5	8.5	4.0	4.7
Residents receiving special skin care.	8	13.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EDWARD A UTLAUT MEMORIAL HOSPITAL

Street Address:		City and State:	
N GRIGG & HWY 140		GREENVILLE IL 62246	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	10	NON-PROFIT PRIVATE	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
8	5	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	87.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	7	87.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	7	87.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	87.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	62.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	50.0	33.8	37.7
Completely bedfast residents.	1	12.5	3.2	3.4
Residents confined to chairs.	4	50.0	48.4	50.8
Residents requiring restraints.	4	50.0	35.7	41.3
Confused or disoriented residents.	3	37.5	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	0	0.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIR OAKS NURSING HOME

Street Address: HWY 140 AT GRIGG ST		City and State: GREENVILLE IL 62246	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 144	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 136	Medicare Residents: 0	Medicaid Residents: 80	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%

Bathing				
Residents requiring some or total assistance in bathing.	48	35.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	127	93.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	68.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	69.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	67.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	76	55.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	31.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	63	46.3	48.4	50.8
Residents requiring restraints.	47	34.6	35.7	41.3
Confused or disoriented residents.	58	42.6	53.7	58.4
Residents with bed sores.	11	8.1	8.0	7.1
Residents receiving special skin care.	136	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLVIEW MANOR

Street Address:		City and State:	
SOUTH 4TH STREET		GREENVILLE IL 62246	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	98	PROPRIETARY	11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
88	0	74		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	70.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	76.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	71.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	48.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	71.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	26.1	33.8	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	48	54.5	48.4	50.8
Residents requiring restraints.	31	35.2	35.7	41.3
Confused or disoriented residents.	51	58.0	53.7	58.4
Residents with bed sores.	10	11.4	8.0	7.1
Residents receiving special skin care.	56	63.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONTEBELLO MANOR

Street Address:		City and State:	
16TH AND KEOKUK		HAMILTON IL 62341	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	139	PROPRIETARY	01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
134	2	98		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	43.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	80	59.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	40.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	43.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	31.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	4.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	10.4	33.8	37.7
Completely bedfast residents.	5	3.7	3.2	3.4
Residents confined to chairs.	44	32.8	48.4	50.8
Residents requiring restraints.	28	20.9	35.7	41.3
Confused or disoriented residents.	53	39.6	53.7	58.4
Residents with bed sores.	4	3.0	8.0	7.1
Residents receiving special skin care.	29	21.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CALHOUN COMPREHENSIVE CARE CENTER

Street Address:		City and State:	
908 S PARK		HARDIN IL 62047	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
71	0	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	85.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	80.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	70.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	67.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	49	69.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	29.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	19	26.8	48.4	50.8
Residents requiring restraints.	22	31.0	35.7	41.3
Confused or disoriented residents.	35	49.3	53.7	58.4
Residents with bed sores.	1	1.4	8.0	7.1
Residents receiving special skin care.	17	23.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BACONS NURSING HOME INC

Street Address: PO BOX 296 NO LAND STREET		City and State: HARRISBURG IL 62946	
Participation: MEDICAID ICF	# of Beds: 50	Type of Ownership: PROPRIETARY	Survey Date: 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 10	Medicare Residents: 0	Medicaid Residents: 10	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	9	90.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	8	80.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	6	60.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	30.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	50.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	4	40.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	20.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	2	20.0	27.6	39.1
Residents requiring restraints.	2	20.0	23.4	31.7
Confused or disoriented residents.	9	90.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LITTLE EGYPT MANOR

Street Address:		City and State:	
901 NORTH WEBSTER STREET		HARRISBURG IL 62946	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	48	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
44	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	43.2	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	36.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	7	15.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	18.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	17	38.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	18.2	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	7	15.9	27.6	39.1
Residents requiring restraints.	3	6.8	23.4	31.7
Confused or disoriented residents.	14	31.8	49.8	55.8
Residents with bed sores.	1	2.3	4.0	4.7
Residents receiving special skin care.	15	34.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SALINE CARE CENTER

Street Address:		City and State:	
120 SOUTH LAND STREET		HARRISBURG IL 62946	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	131	PROPRIETARY	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
127	0	106	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	78.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	82	64.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	53	41.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	30.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	98	77.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	8.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	11	8.7	27.6	39.1
Residents requiring restraints.	11	8.7	23.4	31.7
Confused or disoriented residents.	76	59.8	49.8	55.8
Residents with bed sores.	13	10.2	4.0	4.7
Residents receiving special skin care.	34	26.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHILDREN'S HABILITATION CENTER

Street Address: 121 W 154TH ST		City and State: HARVEY IL 60426	
Participation: MEDICAID SNF	# of Beds: 128	Type of Ownership: PROPRIETARY	Survey Date: 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	Medicare Residents: 0	Medicaid Residents: 110	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	112	100	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	112	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	112	100	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	90.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	101	90.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	11	9.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	74.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	104	92.9	48.4	50.8
Residents requiring restraints.	0	0.0	35.7	41.3
Confused or disoriented residents.	0	0.0	53.7	58.4
Residents with bed sores.	2	1.8	8.0	7.1
Residents receiving special skin care.	8	7.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HEATHER MANOR CONVALESCENT CENTER

Street Address:		City and State:	
15600 S HONORE AVENUE		HARVEY IL 60426	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	172	PROPRIETARY	02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
164		0		157	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		114	69.5	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		137	83.5	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		39	23.8	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		90	54.9	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		114	69.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.		4	2.4	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		58	35.4	33.8	37.7
Completely bedfast residents.		1	0.6	3.2	3.4
Residents confined to chairs.		77	47.0	48.4	50.8
Residents requiring restraints.		36	22.0	35.7	41.3
Confused or disoriented residents.		135	82.3	53.7	58.4
Residents with bed sores.		11	6.7	8.0	7.1
Residents receiving special skin care.		70	42.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAVANA HEALTHCARE CENTER

Street Address: 609 NORTH HARPHAM		City and State: HAVANA IL 62644	
Participation: MEDICAID SNF/ICF	# of Beds: 98	Type of Ownership: PROPRIETARY	Survey Date: 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 0	Medicaid Residents: 59		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	75.9	71.5	81.5
Dressing Residents requiring some or total assistance in dressing.	60	69.0	77.5	83.2
Toileting Residents requiring some or total assistance in toileting.	51	58.6	68.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	65.5	70.3	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	65.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	3.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	23.0	33.8	37.7
Completely bedfast residents.	4	4.6	3.2	3.4
Residents confined to chairs.	31	35.6	48.4	50.8
Residents requiring restraints.	22	25.3	35.7	41.3
Confused or disoriented residents.	50	57.5	53.7	58.4
Residents with bed sores.	4	4.6	8.0	7.1
Residents receiving special skin care.	6	6.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IMPERIAL NSG CTR OF HAZEL CREST

Street Address: 3330 W 175TH ST		City and State: HAZEL CREST IL 60429	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 204	Type of Ownership: PROPRIETARY	Survey Date: 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 181	Medicare Residents: 1	Medicaid Residents: 86	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	120	66.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	74.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	119	65.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	74.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	118	65.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	4.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	14.9	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	94	51.9	48.4	50.8
Residents requiring restraints.	65	35.9	35.7	41.3
Confused or disoriented residents.	86	47.5	53.7	58.4
Residents with bed sores.	33	18.2	8.0	7.1
Residents receiving special skin care.	59	32.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRIENDSHIP CARE CENTER

Street Address:		City and State:	
1900 NORTH PARK AVE		HERRIN IL 62948	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	49	PROPRIETARY	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
46	0	30		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	89.1	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	40	87.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	71.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	67.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	76.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	5	10.9	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	19.6	19.4	29.3
Completely bedfast residents.	1	2.2	0.7	3.6
Residents confined to chairs.	13	28.3	27.6	39.1
Residents requiring restraints.	29	63.0	23.4	31.7
Confused or disoriented residents.	42	91.3	49.8	55.8
Residents with bed sores.	1	2.2	4.0	4.7
Residents receiving special skin care.	7	15.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PARK AVENUE HEALTH CARE HOME

Street Address: R R 148 P O BOX 68		City and State: HERRIN IL 62948	
Participation: MEDICAID ICF	# of Beds: 69	Type of Ownership: NON-PROFIT OTHER	Survey Date: 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	Medicare Residents: 0	Medicaid Residents: 44
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	60.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	69.2	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	32	49.2	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	49.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	64.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	11	16.9	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	29.2	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	23	35.4	27.6	39.1
Residents requiring restraints.	12	18.5	23.4	31.7
Confused or disoriented residents.	42	64.6	49.8	55.8
Residents with bed sores.	4	6.2	4.0	4.7
Residents receiving special skin care.	20	30.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHAWNEE CHRISTIAN NURSING CENTER

Street Address: 1901 N 13TH ST		City and State: HERRIN IL 62948	
Participation: MEDICAID SNF/ICF	# of Beds: 139	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	Medicare Residents: 0	Medicaid Residents: 97	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	87.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	84.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	74.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	79.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	78.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	30.2	33.8	37.7
Completely bedfast residents.	2	1.4	3.2	3.4
Residents confined to chairs.	91	65.5	48.4	50.8
Residents requiring restraints.	67	48.2	35.7	41.3
Confused or disoriented residents.	84	60.4	53.7	58.4
Residents with bed sores.	25	18.0	8.0	7.1
Residents receiving special skin care.	42	30.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHAWNEE CHRISTIAN NURSING CENTER

Street Address:		City and State:	
1901 N 13TH ST		HERRIN IL 62948	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	151	NON-PROFIT RELIGIOUS	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
147	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	121	82.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	118	80.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	70.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	74.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	74.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	28.6	33.8	37.7
Completely bedfast residents.	2	1.4	3.2	3.4
Residents confined to chairs.	91	61.9	48.4	50.8
Residents requiring restraints.	67	45.6	35.7	41.3
Confused or disoriented residents.	84	57.1	53.7	58.4
Residents with bed sores.	25	17.0	8.0	7.1
Residents receiving special skin care.	42	28.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HICKORY NURSING PAVILION

Street Address:		City and State:	
9246 ROBERTS RD		HICKORY HILLS IL 60457	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	74	PROPRIETARY	12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
70	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	71.4	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	50	71.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	57.1	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	71.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	31.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	11.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	35	50.0	27.6	39.1
Residents requiring restraints.	25	35.7	23.4	31.7
Confused or disoriented residents.	30	42.9	49.8	55.8
Residents with bed sores.	4	5.7	4.0	4.7
Residents receiving special skin care.	18	25.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHASTAINS OF HIGHLAND INC

Street Address:		City and State:	
2510 LEMON STREET ROAD		HIGHLAND IL 62249	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	128	PROPRIETARY	06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
123	0	75	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	85.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	105	85.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	87	70.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	75.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	65.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	47	38.2	33.8	37.7
Completely bedfast residents.	1	0.8	3.2	3.4
Residents confined to chairs.	56	45.5	48.4	50.8
Residents requiring restraints.	67	54.5	35.7	41.3
Confused or disoriented residents.	92	74.8	53.7	58.4
Residents with bed sores.	8	6.5	8.0	7.1
Residents receiving special skin care.	5	4.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAITH COUNTRYSIDE HOMES

Street Address: 1216 27TH STREET		City and State: HIGHLAND IL 62249	
Participation: MEDICAID ICF	# of Beds: 65	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	Medicare Residents: 0	Medicaid Residents: 18		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	90.6	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	43	67.2	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	54.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	56.3	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	50.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	3	4.7	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	21.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	21	32.8	27.6	39.1
Residents requiring restraints.	8	12.5	23.4	31.7
Confused or disoriented residents.	62	96.9	49.8	55.8
Residents with bed sores.	4	6.3	4.0	4.7
Residents receiving special skin care.	7	10.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPHS HOSPITAL

Street Address:		City and State:	
1515 MAIN STREET		HIGHLAND IL 62249	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	20	NON-PROFIT RELIGIOUS	12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
15	7	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	7	46.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	13	86.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	15	100	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	93.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	46.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	13.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	3	20.0	48.4	50.8
Residents requiring restraints.	3	20.0	35.7	41.3
Confused or disoriented residents.	3	20.0	53.7	58.4
Residents with bed sores.	1	6.7	8.0	7.1
Residents receiving special skin care.	5	33.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ABBOTT HOUSE INC

Street Address:		City and State:	
405 CENTRAL AVE		HIGHLAND PARK IL 60035	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	106	PROPRIETARY	08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
101	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	33.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	23	22.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	14	13.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	5.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	23.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	5.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	7	6.9	27.6	39.1
Residents requiring restraints.	4	4.0	23.4	31.7
Confused or disoriented residents.	36	35.6	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	23	22.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE H EARL HOOVER SKILLED NURSING CTR

Street Address: 718 GLENVIEW		City and State: HIGHLAND PARK IL 60035	
Participation: MEDICARE SNF	# of Beds: 28	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 15	Medicare Residents: 7	Medicaid Residents: 0
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	93.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	13	86.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	14	93.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	93.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	53.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	6.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	53.3	33.8	37.7
Completely bedfast residents.	1	6.7	3.2	3.4
Residents confined to chairs.	10	66.7	48.4	50.8
Residents requiring restraints.	2	13.3	35.7	41.3
Confused or disoriented residents.	3	20.0	53.7	58.4
Residents with bed sores.	3	20.0	8.0	7.1
Residents receiving special skin care.	5	33.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE VILLA ST CYRIL

Street Address: 1111 ST JOHNS AVE		City and State: HIGHLAND PARK IL 60035	
Participation: MEDICAID ICF	# of Beds: 82	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 0	Medicaid Residents: 13
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	78.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	67.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	59.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	91.1	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	33	41.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	10	12.7	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	15.2	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	14	17.7	27.6	39.1
Residents requiring restraints.	26	32.9	23.4	31.7
Confused or disoriented residents.	40	50.6	49.8	55.8
Residents with bed sores.	4	5.1	4.0	4.7
Residents receiving special skin care.	2	2.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLSBORO HEALTH CARE CENTER

Street Address: 1300 EAST TREMONT		City and State: HILLSBORO IL 62049	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 123	Type of Ownership: PROPRIETARY	Survey Date: 03/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	Medicare Residents: 0	Medicaid Residents: 77
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	41.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	69.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	49.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	45.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	50.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	27.8	33.8	37.7
Completely bedfast residents.	3	2.8	3.2	3.4
Residents confined to chairs.	58	53.7	48.4	50.8
Residents requiring restraints.	42	38.9	35.7	41.3
Confused or disoriented residents.	61	56.5	53.7	58.4
Residents with bed sores.	4	3.7	8.0	7.1
Residents receiving special skin care.	48	44.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLSBORO HOSP ECF

Street Address:		City and State:	
1200 TREMONT ST		HILLSBORO IL 62049	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	40	NON-PROFIT OTHER	09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
35	9	3	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	88.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	34	97.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	29	82.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	94.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	71.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	2.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	45.7	33.8	37.7
Completely bedfast residents.	1	2.9	3.2	3.4
Residents confined to chairs.	16	45.7	48.4	50.8
Residents requiring restraints.	17	48.6	35.7	41.3
Confused or disoriented residents.	16	45.7	53.7	58.4
Residents with bed sores.	3	8.6	8.0	7.1
Residents receiving special skin care.	35	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HILLSBORO NURSING HOME SOUTH

Street Address: ROUTE 127 SOUTH		City and State: HILLSBORO IL 62049	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 120	Type of Ownership: NON-PROFIT OTHER	Survey Date: 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
92	1	74			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	88	95.7	71.5	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	75	81.5	77.5	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	56	60.9	68.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	55.4	70.3	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	46	50.0	64.6	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	20	21.7	33.8	37.7	
Completely bedfast residents.	1	1.1	3.2	3.4	
Residents confined to chairs.	37	40.2	48.4	50.8	
Residents requiring restraints.	21	22.8	35.7	41.3	
Confused or disoriented residents.	61	66.3	53.7	58.4	
Residents with bed sores.	5	5.4	8.0	7.1	
Residents receiving special skin care.	6	6.5	33.1	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OAKRIDGE CONVALESCENT HOME

Street Address: 323 OAKRIDGE AVENUE		City and State: HILLSIDE IL 60162	
Participation: MEDICAID SNF/ICF	# of Beds: 73	Type of Ownership: PROPRIETARY	Survey Date: 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	Medicare Residents: 0	Medicaid Residents: 28	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	93.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	83.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	78.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	74.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	66.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	9	12.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	26.8	33.8	37.7
Completely bedfast residents.	2	2.8	3.2	3.4
Residents confined to chairs.	60	84.5	48.4	50.8
Residents requiring restraints.	50	70.4	35.7	41.3
Confused or disoriented residents.	63	88.7	53.7	58.4
Residents with bed sores.	3	4.2	8.0	7.1
Residents receiving special skin care.	5	7.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MONTICELLO CONVALESCENT CENTER

Street Address: 600 W OGDEN AVE		City and State: HINSDALE IL 60521	
Participation: MEDICARE SNF	# of Beds: 200	Type of Ownership: PROPRIETARY	Survey Date: 09/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
131		4		0	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		77	58.8	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		103	78.6	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		97	74.0	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		101	77.1	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		96	73.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.		44	33.6	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		69	52.7	33.8	37.7
Completely bedfast residents.		2	1.5	3.2	3.4
Residents confined to chairs.		84	64.1	48.4	50.8
Residents requiring restraints.		63	48.1	35.7	41.3
Confused or disoriented residents.		90	68.7	53.7	58.4
Residents with bed sores.		11	8.4	8.0	7.1
Residents receiving special skin care.		131	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ALDEN NURSING CENT OF POPLAR CREEK

Street Address:		City and State:	
1545 BARRINGTON ROAD		HOFFMAN ESTATES IL 60194	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF/ICF	217	PROPRIETARY	04/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
165	3	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	129	78.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	139	84.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	122	73.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	74.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	115	69.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	20.6	33.8	37.7
Completely bedfast residents.	1	0.6	3.2	3.4
Residents confined to chairs.	92	55.8	48.4	50.8
Residents requiring restraints.	70	42.4	35.7	41.3
Confused or disoriented residents.	109	66.1	53.7	58.4
Residents with bed sores.	14	8.5	8.0	7.1
Residents receiving special skin care.	64	38.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERCY HEALTH CARE & REHAB CENTER

Street Address: 19000 S HALSTED ST		City and State: HOMewood IL 60430	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 259	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 240	Medicare Residents: 26	Medicaid Residents: 139
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	168	70.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	194	80.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	183	76.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	35.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	155	64.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	13	5.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	114	47.5	33.8	37.7
Completely bedfast residents.	9	3.7	3.2	3.4
Residents confined to chairs.	179	74.6	48.4	50.8
Residents requiring restraints.	68	28.3	35.7	41.3
Confused or disoriented residents.	96	40.0	53.7	58.4
Residents with bed sores.	26	10.8	8.0	7.1
Residents receiving special skin care.	15	6.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOOPESTON REGIONAL NURSING HOME

Street Address:		City and State:	
701 E ORANGE STREET		HOOPESTON IL 60942	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	50	NON-PROFIT OTHER	10/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
49	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	71.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	37	75.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	34	69.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	61.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	14.3	33.8	37.7
Completely bedfast residents.	2	4.1	3.2	3.4
Residents confined to chairs.	17	34.7	48.4	50.8
Residents requiring restraints.	27	55.1	35.7	41.3
Confused or disoriented residents.	27	55.1	53.7	58.4
Residents with bed sores.	4	8.2	8.0	7.1
Residents receiving special skin care.	25	51.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOPEDALE HOSP-ECF

Street Address: 2ND ST		City and State: HOPEDALE IL 61747	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 96	Type of Ownership: NON-PROFIT OTHER	Survey Date: 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	Medicare Residents: 1	Medicaid Residents: 4	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	81.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	87.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	45	68.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	56	84.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	34.8	33.8	37.7
Completely bedfast residents.	2	3.0	3.2	3.4
Residents confined to chairs.	21	31.8	48.4	50.8
Residents requiring restraints.	31	47.0	35.7	41.3
Confused or disoriented residents.	32	48.5	53.7	58.4
Residents with bed sores.	2	3.0	8.0	7.1
Residents receiving special skin care.	9	13.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BRIAR PLACE NURSING CENTER

Street Address: 6800 W JOLIET RD		City and State: INDIAN HEAD PARK IL 60525	
Participation: MEDICAID SNF/ICF	# of Beds: 245	Type of Ownership: PROPRIETARY	Survey Date: 05/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 234	Medicare Residents: 0	Medicaid Residents: 177
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	161	68.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	143	61.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	108	46.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	47.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	92	39.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	2.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	48	20.5	33.8	37.7
Completely bedfast residents.	2	0.9	3.2	3.4
Residents confined to chairs.	133	56.8	48.4	50.8
Residents requiring restraints.	68	29.1	35.7	41.3
Confused or disoriented residents.	140	59.8	53.7	58.4
Residents with bed sores.	23	9.8	8.0	7.1
Residents receiving special skin care.	50	21.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHELTERING OAKS INC

Street Address: BEECH ST, P O BOX 367		City and State: ISLAND LAKE IL 60042	
Participation: MEDICAID ICF	# of Beds: 70	Type of Ownership: PROPRIETARY	Survey Date: 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	Medicare Residents: 0	Medicaid Residents: 58	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	15	22.1	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	5	7.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	1	1.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	1.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	1	1.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	1.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	1	1.5	27.6	39.1
Residents requiring restraints.	1	1.5	23.4	31.7
Confused or disoriented residents.	0	0.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	4	5.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ARBOR OF ITASCA

Street Address:		City and State:	
535 S ELM		ITASCA IL 60143	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	80	PROPRIETARY	04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
75	0	47			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		41	54.7	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		42	56.0	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		18	24.0	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		2	2.7	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		18	24.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.		18	24.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		1	1.3	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		0	0.0	27.6	39.1
Residents requiring restraints.		0	0.0	23.4	31.7
Confused or disoriented residents.		37	49.3	49.8	55.8
Residents with bed sores.		0	0.0	4.0	4.7
Residents receiving special skin care.		0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BARTON W STONE CHRISTIAN HOME

Street Address:		City and State:	
873 GROVE STREET		JACKSONVILLE IL 62650	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	176	NON-PROFIT RELIGIOUS	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
135	0	37		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	116	85.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	94	69.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	59.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	81.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	87	64.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	32.6	33.8	37.7
Completely bedfast residents.	2	1.5	3.2	3.4
Residents confined to chairs.	64	47.4	48.4	50.8
Residents requiring restraints.	48	35.6	35.7	41.3
Confused or disoriented residents.	70	51.9	53.7	58.4
Residents with bed sores.	6	4.4	8.0	7.1
Residents receiving special skin care.	45	33.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JACKSONVILLE CONVALESCENT CENTER

Street Address:		City and State:	
1517 WEST WALNUT ST		JACKSONVILLE IL 62650	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	88	PROPRIETARY	05/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
81	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	65.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	74.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	60	74.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	75.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	84.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	19.8	33.8	37.7
Completely bedfast residents.	4	4.9	3.2	3.4
Residents confined to chairs.	23	28.4	48.4	50.8
Residents requiring restraints.	31	38.3	35.7	41.3
Confused or disoriented residents.	33	40.7	53.7	58.4
Residents with bed sores.	6	7.4	8.0	7.1
Residents receiving special skin care.	6	7.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MELINE NURSING CENTER INC

Street Address: 1024 W WALNUT		City and State: JACKSONVILLE IL 62650	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 138	Type of Ownership: PROPRIETARY	Survey Date: 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	Medicare Residents: 0	Medicaid Residents: 72	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	70.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	66.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	50.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	72.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	46.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	29.5	33.8	37.7
Completely bedfast residents.	4	4.2	3.2	3.4
Residents confined to chairs.	32	33.7	48.4	50.8
Residents requiring restraints.	26	27.4	35.7	41.3
Confused or disoriented residents.	36	37.9	53.7	58.4
Residents with bed sores.	8	8.4	8.0	7.1
Residents receiving special skin care.	20	21.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MODERN CARE CONV + NURSING HOME

Street Address: 1500 W WALNUT ST		City and State: JACKSONVILLE IL 62650	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 68	Type of Ownership: PROPRIETARY	Survey Date: 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	Medicare Residents: 3	Medicaid Residents: 22	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	73.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	50	78.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	75.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	78.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	62.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	31.3	33.8	37.7
Completely bedfast residents.	1	1.6	3.2	3.4
Residents confined to chairs.	22	34.4	48.4	50.8
Residents requiring restraints.	29	45.3	35.7	41.3
Confused or disoriented residents.	33	51.6	53.7	58.4
Residents with bed sores.	11	17.2	8.0	7.1
Residents receiving special skin care.	13	20.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SKYVIEW NURSING CENTER

Street Address:		City and State:	
1021 N CHURCH		JACKSONVILLE IL 62650	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	113	PROPRIETARY	01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
73	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	63.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	63.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	53.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	46.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	53.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	5	6.8	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	15.1	19.4	29.3
Completely bedfast residents.	2	2.7	0.7	3.6
Residents confined to chairs.	15	20.5	27.6	39.1
Residents requiring restraints.	18	24.7	23.4	31.7
Confused or disoriented residents.	18	24.7	49.8	55.8
Residents with bed sores.	10	13.7	4.0	4.7
Residents receiving special skin care.	40	54.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	NOT MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GARNETS CHATEAU

Street Address: 608 W PEARL ST		City and State: JERSEYVILLE IL 62052	
Participation: MEDICAID ICF	# of Beds: 48	Type of Ownership: NON-PROFIT OTHER	Survey Date: 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 0	Medicaid Residents: 28	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	25	56.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	72.7	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	59.1	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	63.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	52.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	20.5	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	2	4.5	27.6	39.1
Residents requiring restraints.	15	34.1	23.4	31.7
Confused or disoriented residents.	19	43.2	49.8	55.8
Residents with bed sores.	3	6.8	4.0	4.7
Residents receiving special skin care.	1	2.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GREENWOOD MANOR NH

Street Address:		City and State:	
410 FLETCHER		JERSEYVILLE IL 62052	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	98	PROPRIETARY	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
95	0	52		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	83	87.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	93.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	92.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	91.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	69.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	51.6	33.8	37.7
Completely bedfast residents.	11	11.6	3.2	3.4
Residents confined to chairs.	74	77.9	48.4	50.8
Residents requiring restraints.	63	66.3	35.7	41.3
Confused or disoriented residents.	67	70.5	53.7	58.4
Residents with bed sores.	3	3.2	8.0	7.1
Residents receiving special skin care.	5	5.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JERSEYVILLE CARE CENTER

Street Address:		City and State:	
923 SOUTH STREET		JERSEYVILLE IL 62052	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	105	PROPRIETARY	07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
92	0	72		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	52.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	62	67.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	60.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	69.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	65.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	33.7	33.8	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	53	57.6	48.4	50.8
Residents requiring restraints.	47	51.1	35.7	41.3
Confused or disoriented residents.	41	44.6	53.7	58.4
Residents with bed sores.	5	5.4	8.0	7.1
Residents receiving special skin care.	30	32.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DEERBROOK NURSING CENTER

Street Address: 306 N LARKIN AVE		City and State: JOLIET IL 60435	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 224	Type of Ownership: PROPRIETARY	Survey Date: 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 199	Medicare Residents: 0	Medicaid Residents: 169	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	25.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	88	44.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	40.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	37.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	91	45.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	25	12.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	11.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	43	21.6	48.4	50.8
Residents requiring restraints.	37	18.6	35.7	41.3
Confused or disoriented residents.	130	65.3	53.7	58.4
Residents with bed sores.	6	3.0	8.0	7.1
Residents receiving special skin care.	76	38.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DRAPER PLAZA

Street Address: 777 N DRAPER AVE		City and State: JOLIET IL 60432	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 168	Type of Ownership: PROPRIETARY	Survey Date: 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 161		Medicare Residents: 0		Medicaid Residents: 142			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				22	13.7	71.5	81.5
Dressing							
Residents requiring some or total assistance in dressing.				156	96.9	77.5	83.2
Toileting							
Residents requiring some or total assistance in toileting.				151	93.8	68.4	73.8
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				150	93.2	70.3	77.2
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				153	95.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.				10	6.2	6.1	4.6
Eating							
Residents receiving tube feedings or requiring assistance with eating.				34	21.1	33.8	37.7
Completely bedfast residents.				0	0.0	3.2	3.4
Residents confined to chairs.				71	44.1	48.4	50.8
Residents requiring restraints.				69	42.9	35.7	41.3
Confused or disoriented residents.				144	89.4	53.7	58.4
Residents with bed sores.				14	8.7	8.0	7.1
Residents receiving special skin care.				75	46.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRANCISCAN NURSING HOME

Street Address:		City and State:	
300 N MADISON ST		JOLIET IL 60435	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	129	NON-PROFIT OTHER	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
123	2	38			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		78	63.4	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		104	84.6	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		85	69.1	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		121	98.4	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		104	84.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.		1	0.8	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		28	22.8	33.8	37.7
Completely bedfast residents.		4	3.3	3.2	3.4
Residents confined to chairs.		79	64.2	48.4	50.8
Residents requiring restraints.		65	52.8	35.7	41.3
Confused or disoriented residents.		67	54.5	53.7	58.4
Residents with bed sores.		15	12.2	8.0	7.1
Residents receiving special skin care.		5	4.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE IMPERIAL NSG CTR OF JOLIET

Street Address: 222 N HAMMES		City and State: JOLIET IL 60435	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 203	Type of Ownership: PROPRIETARY	Survey Date: 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 180	Medicare Residents: 1	Medicaid Residents: 93	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	151	83.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	130	72.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	117	65.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	63.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	115	63.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	22.2	33.8	37.7
Completely bedfast residents.	3	1.7	3.2	3.4
Residents confined to chairs.	113	62.8	48.4	50.8
Residents requiring restraints.	69	38.3	35.7	41.3
Confused or disoriented residents.	92	51.1	53.7	58.4
Residents with bed sores.	26	14.4	8.0	7.1
Residents receiving special skin care.	92	51.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JOLIET TERRACE

Street Address:		City and State:	
2230 MCDONOUGH ST		JOLIET IL 60436	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	120	PROPRIETARY	06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
115	0	90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	27.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	20.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	19	16.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	22.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	15.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	27	23.5	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	15.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	20	17.4	27.6	39.1
Residents requiring restraints.	11	9.6	23.4	31.7
Confused or disoriented residents.	50	43.5	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	24	20.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE OUR LADY OF ANGELS

Street Address:		City and State:	
1201 WYOMING AVENUE		JOLIET IL 60435	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	100	NON-PROFIT RELIGIOUS	04/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
48	0	3	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	38	79.2	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	37	77.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	24	50.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	54.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	39.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	15	31.3	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	16.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	5	10.4	27.6	39.1
Residents requiring restraints.	7	14.6	23.4	31.7
Confused or disoriented residents.	12	25.0	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	1	2.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SALEM VILLAGE

Street Address:		City and State:	
1314 ROWELL AVENUE		JOLIET IL 60431	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	341	NON-PROFIT RELIGIOUS	07/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
243	0	106		
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY	STATE	NATION
		#	%	%
Bathing				
Residents requiring some or total assistance in bathing.		174	71.6	71.5
Dressing				
Residents requiring some or total assistance in dressing.		167	68.7	77.5
Toileting				
Residents requiring some or total assistance in toileting.		171	70.4	68.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		117	48.1	70.3
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.		119	49.0	64.6
Residents on individually written bowel and bladder retraining program.		9	3.7	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.		50	20.6	33.8
Completely bedfast residents.		5	2.1	3.2
Residents confined to chairs.		16	6.6	48.4
Residents requiring restraints.		25	10.3	35.7
Confused or disoriented residents.		113	46.5	53.7
Residents with bed sores.		18	7.4	8.0
Residents receiving special skin care.		28	11.5	33.1

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST PATRICKS RESIDENCE

Street Address:		City and State:	
22 E CLINTON ST		JOLIET IL 60431	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	197	NON-PROFIT RELIGIOUS	05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
100	0	34	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	100	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	84	84.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	58	58.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	100	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	65	65.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	29.0	19.4	29.3
Completely bedfast residents.	3	3.0	0.7	3.6
Residents confined to chairs.	33	33.0	27.6	39.1
Residents requiring restraints.	42	42.0	23.4	31.7
Confused or disoriented residents.	73	73.0	49.8	55.8
Residents with bed sores.	8	8.0	4.0	4.7
Residents receiving special skin care.	26	26.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNNY HILL NURSING HOME

Street Address: DORIS AND NEAL STREETS		City and State: JOLIET IL 60433	
Participation: MEDICAID SNF/ICF	# of Beds: 300	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 279	Medicare Residents: 0	Medicaid Residents: 205	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	248	88.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	218	78.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	203	72.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	208	74.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	197	70.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	57	20.4	33.8	37.7
Completely bedfast residents.	2	0.7	3.2	3.4
Residents confined to chairs.	214	76.7	48.4	50.8
Residents requiring restraints.	167	59.9	35.7	41.3
Confused or disoriented residents.	171	61.3	53.7	58.4
Residents with bed sores.	33	11.8	8.0	7.1
Residents receiving special skin care.	124	44.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIFECARE CENTER OF JONESBORO INC

Street Address: PO BOX B RT 127 SOUTH		City and State: JONESBORO IL 62952	
Participation: MEDICAID ICF	# of Beds: 82	Type of Ownership: PROPRIETARY	Survey Date: 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	Medicare Residents: 0	Medicaid Residents: 65	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	87.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	79.2	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	66.2	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	92.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	62	80.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	48.1	19.4	29.3
Completely bedfast residents.	2	2.6	0.7	3.6
Residents confined to chairs.	52	67.5	27.6	39.1
Residents requiring restraints.	16	20.8	23.4	31.7
Confused or disoriented residents.	71	92.2	49.8	55.8
Residents with bed sores.	5	6.5	4.0	4.7
Residents receiving special skin care.	54	70.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE AMERICANA HEALTHCARE CENTER

Street Address:		City and State:	
900 W RIVER PL		KANKAKEE IL 60901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	88	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
76	2	21		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	86.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	86.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	84.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	84.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	84.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	35.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	42	55.3	48.4	50.8
Residents requiring restraints.	47	61.8	35.7	41.3
Confused or disoriented residents.	39	51.3	53.7	58.4
Residents with bed sores.	7	9.2	8.0	7.1
Residents receiving special skin care.	11	14.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KANKAKEE ROYALE

Street Address: 1050 W JEFFREY ST		City and State: KANKAKEE IL 60901	
Participation: MEDICAID SNF/ICF	# of Beds: 202	Type of Ownership: PROPRIETARY	Survey Date: 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 173	Medicare Residents: 0	Medicaid Residents: 141		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	145	83.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	125	72.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	131	75.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	56.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	113	65.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	42	24.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	43	24.9	33.8	37.7
Completely bedfast residents.	2	1.2	3.2	3.4
Residents confined to chairs.	82	47.4	48.4	50.8
Residents requiring restraints.	99	57.2	35.7	41.3
Confused or disoriented residents.	95	54.9	53.7	58.4
Residents with bed sores.	11	6.4	8.0	7.1
Residents receiving special skin care.	64	37.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERSIDE MEDICAL CENTER

Street Address:		City and State:	
350 NORTH WALL STREET		KANKAKEE IL 60901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	27	NON-PROFIT PRIVATE	04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
22		5		2	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		21	95.5	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		22	100	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		20	90.9	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		18	81.8	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		19	86.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.		20	90.9	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		8	36.4	33.8	37.7
Completely bedfast residents.		5	22.7	3.2	3.4
Residents confined to chairs.		17	77.3	48.4	50.8
Residents requiring restraints.		5	22.7	35.7	41.3
Confused or disoriented residents.		10	45.5	53.7	58.4
Residents with bed sores.		4	18.2	8.0	7.1
Residents receiving special skin care.		6	27.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHAPIRO DEVELOPMENTAL CENTER

Street Address:		City and State:	
100 EAST JEFFERY STREET		KANKAKEE IL 60901	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	788	STATE GOVERNMENT	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	97.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	40	100	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	97.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	11	27.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	62.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	39	97.5	48.4	50.8
Residents requiring restraints.	0	0.0	35.7	41.3
Confused or disoriented residents.	40	100	53.7	58.4
Residents with bed sores.	3	7.5	8.0	7.1
Residents receiving special skin care.	33	82.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KEWANEE CARE HOME

Street Address:		City and State:	
144 JUNIOR AVENUE SOUTH		KEWANEE IL 61443	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	65	PROPRIETARY	05/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
64	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	53.1	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	73.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	64.1	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	75.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	64.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	34.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	29	45.3	27.6	39.1
Residents requiring restraints.	22	34.4	23.4	31.7
Confused or disoriented residents.	26	40.6	49.8	55.8
Residents with bed sores.	3	4.7	4.0	4.7
Residents receiving special skin care.	16	25.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KEWANEE CONVALESCENT CENTER

Street Address: 605 E CHURCH STREET		City and State: KEWANEE IL 61443	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 200	Type of Ownership: PROPRIETARY	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
193	1	139			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	125	64.8	71.5	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	161	83.4	77.5	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	134	69.4	68.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	153	79.3	70.3	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	122	63.2	64.6	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	49	25.4	33.8	37.7	
Completely bedfast residents.	1	0.5	3.2	3.4	
Residents confined to chairs.	125	64.8	48.4	50.8	
Residents requiring restraints.	104	53.9	35.7	41.3	
Confused or disoriented residents.	89	46.1	53.7	58.4	
Residents with bed sores.	10	5.2	8.0	7.1	
Residents receiving special skin care.	40	20.7	33.1	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOOD SAMARITAN NH

Street Address: 407 N HEBARD ST		City and State: KNOXVILLE IL 61448	
Participation: MEDICAID ICF	# of Beds: 49	Type of Ownership: NON-PROFIT OTHER	Survey Date: 12/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 0	Medicaid Residents: 32	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	95.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	40	83.3	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	64.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	79.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	70.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	10	20.8	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	29	60.4	19.4	29.3
Completely bedfast residents.	2	4.2	0.7	3.6
Residents confined to chairs.	23	47.9	27.6	39.1
Residents requiring restraints.	23	47.9	23.4	31.7
Confused or disoriented residents.	40	83.3	49.8	55.8
Residents with bed sores.	1	2.1	4.0	4.7
Residents receiving special skin care.	10	20.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE KNOX COUNTY NURSING HOME

Street Address:		City and State:	
219 NORTH MARKET ST		KNOXVILLE IL 61448	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	204	LOCAL GOVERNMENT	07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
187	0	96		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	160	85.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	58	31.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	140	74.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	146	78.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	150	80.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	3.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	103	55.1	33.8	37.7
Completely bedfast residents.	1	0.5	3.2	3.4
Residents confined to chairs.	123	65.8	48.4	50.8
Residents requiring restraints.	109	58.3	35.7	41.3
Confused or disoriented residents.	122	65.2	53.7	58.4
Residents with bed sores.	11	5.9	8.0	7.1
Residents receiving special skin care.	87	46.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COLONIAL MANOR LIVING CENTER

Street Address:		City and State:	
339 9TH AVE		LA GRANGE IL 60525	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	203	NON-PROFIT RELIGIOUS	09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
176	7	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	143	81.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	161	91.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	161	91.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	60.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	106	60.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	42	23.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	30.7	33.8	37.7
Completely bedfast residents.	5	2.8	3.2	3.4
Residents confined to chairs.	53	30.1	48.4	50.8
Residents requiring restraints.	86	48.9	35.7	41.3
Confused or disoriented residents.	72	40.9	53.7	58.4
Residents with bed sores.	12	6.8	8.0	7.1
Residents receiving special skin care.	88	50.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FAIRVIEW HEALTH CARE CENTER

Street Address: 701 N LAGRANGE ROAD		City and State: LA GRANGE IL 60525	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 131	Type of Ownership: PROPRIETARY	Survey Date: 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	Medicare Residents: 2	Medicaid Residents: 2
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	106	86.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	93.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	101	82.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	88.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	57.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	118	95.9	33.8	37.7
Completely bedfast residents.	3	2.4	3.2	3.4
Residents confined to chairs.	42	34.1	48.4	50.8
Residents requiring restraints.	47	38.2	35.7	41.3
Confused or disoriented residents.	49	39.8	53.7	58.4
Residents with bed sores.	7	5.7	8.0	7.1
Residents receiving special skin care.	53	43.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE TLC PAVILION

Street Address:		City and State:	
5101 S WILLOW SPRINGS RD		LA GRANGE IL 60525	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	31	NON-PROFIT OTHER	03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
5	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	2	40.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	5	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	5	100	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	80.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	2	40.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	20.0	33.8	37.7
Completely bedfast residents.	1	20.0	3.2	3.4
Residents confined to chairs.	3	60.0	48.4	50.8
Residents requiring restraints.	0	0.0	35.7	41.3
Confused or disoriented residents.	2	40.0	53.7	58.4
Residents with bed sores.	1	20.0	8.0	7.1
Residents receiving special skin care.	3	60.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAHARPE HOSPITAL ASSOCIATION

Street Address:		City and State:	
B STREET AND ARCHER AVE		LA HARPE IL 61450	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	49	NON-PROFIT PRIVATE	10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
49	0	17		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	55.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	33	67.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	32	65.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	63.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	59.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	22.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	17	34.7	48.4	50.8
Residents requiring restraints.	15	30.6	35.7	41.3
Confused or disoriented residents.	16	32.7	53.7	58.4
Residents with bed sores.	3	6.1	8.0	7.1
Residents receiving special skin care.	3	6.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE INN CONVALESCENT CENTER

Street Address: 1445 CHARTRES		City and State: LA SALLE IL 61301	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 101	Type of Ownership: PROPRIETARY	Survey Date: 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	Medicare Residents: 0	Medicaid Residents: 69		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	99	99.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	89.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	80.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	84.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	97	97.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	21	21.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	18.0	33.8	37.7
Completely bedfast residents.	3	3.0	3.2	3.4
Residents confined to chairs.	53	53.0	48.4	50.8
Residents requiring restraints.	42	42.0	35.7	41.3
Confused or disoriented residents.	35	35.0	53.7	58.4
Residents with bed sores.	7	7.0	8.0	7.1
Residents receiving special skin care.	50	50.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST JOSEPHS NURSING HOME

Street Address: 401 9TH STREET		City and State: LACON IL 61540	
Participation: MEDICAID ICF	# of Beds: 103	Type of Ownership: NON-PROFIT OTHER	Survey Date: 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
96	0	33			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		88	91.7	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		88	91.7	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		75	78.1	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		70	72.9	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		76	79.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		30	31.3	19.4	29.3
Completely bedfast residents.		1	1.0	0.7	3.6
Residents confined to chairs.		65	67.7	27.6	39.1
Residents requiring restraints.		37	38.5	23.4	31.7
Confused or disoriented residents.		49	51.0	49.8	55.8
Residents with bed sores.		10	10.4	4.0	4.7
Residents receiving special skin care.		27	28.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE BLUFF HEALTH CARE CENTER INC

Street Address: 700 JENKISSON AVENUE		City and State: LAKE BLUFF IL 60044	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 231	Type of Ownership: PROPRIETARY	Survey Date: 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 218	Medicare Residents: 2	Medicaid Residents: 216		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	94	43.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	171	78.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	114	52.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	128	58.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	114	52.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	83	38.1	33.8	37.7
Completely bedfast residents.	2	0.9	3.2	3.4
Residents confined to chairs.	143	65.6	48.4	50.8
Residents requiring restraints.	135	61.9	35.7	41.3
Confused or disoriented residents.	101	46.3	53.7	58.4
Residents with bed sores.	14	6.4	8.0	7.1
Residents receiving special skin care.	140	64.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GROVE SCHOOL RES CTR

Street Address: 40 E OLD MILL RD		City and State: LAKE FOREST IL 60045	
Participation: MEDICAID SNF	# of Beds: 48	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	Medicare Residents: 0	Medicaid Residents: 44	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	93.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	93.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	43	91.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	46.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	80.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	45	95.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	21.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	16	34.0	48.4	50.8
Residents requiring restraints.	20	42.6	35.7	41.3
Confused or disoriented residents.	46	97.9	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	21	44.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LAKE FOREST HOSP-ECF

Street Address: 660 WESTMORELAND RD		City and State: LAKE FOREST IL 60045	
Participation: MEDICARE SNF	# of Beds: 82	Type of Ownership: NON-PROFIT OTHER	Survey Date: 02/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	Medicare Residents: 19	Medicaid Residents: 0		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	70	85.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	80	97.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	97.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	67.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	30	36.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	52	63.4	33.8	37.7
Completely bedfast residents.	20	24.4	3.2	3.4
Residents confined to chairs.	50	61.0	48.4	50.8
Residents requiring restraints.	20	24.4	35.7	41.3
Confused or disoriented residents.	20	24.4	53.7	58.4
Residents with bed sores.	1	1.2	8.0	7.1
Residents receiving special skin care.	82	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE UNITED METHODIST VILLAGE

Street Address:		City and State:	
1616 CEDAR STREET		LAWRENCEVILLE IL 62439	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	291	NON-PROFIT PRIVATE	12/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
202	0	87		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	142	70.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	155	76.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	136	67.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	50.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	134	66.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	13	6.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	20.8	33.8	37.7
Completely bedfast residents.	5	2.5	3.2	3.4
Residents confined to chairs.	111	55.0	48.4	50.8
Residents requiring restraints.	107	53.0	35.7	41.3
Confused or disoriented residents.	119	58.9	53.7	58.4
Residents with bed sores.	20	9.9	8.0	7.1
Residents receiving special skin care.	65	32.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BOHANNON NURSING HOME INC

Street Address: 1201 NORTH ALTON		City and State: LEBANON IL 62254	
Participation: MEDICAID ICF	# of Beds: 101	Type of Ownership: PROPRIETARY	Survey Date: 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	Medicare Residents: 0	Medicaid Residents: 28
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	22	55.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	32	80.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	57.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	57.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	50.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	40.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	19	47.5	27.6	39.1
Residents requiring restraints.	7	17.5	23.4	31.7
Confused or disoriented residents.	21	52.5	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	15	37.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE EMERALD GARDENS

Street Address:		City and State:	
ONE PERRYMAN ST		LEBANON IL 62254	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
75	0	48	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	61	81.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	81.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	81.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	76.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	76.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	21.3	33.8	37.7
Completely bedfast residents.	2	2.7	3.2	3.4
Residents confined to chairs.	56	74.7	48.4	50.8
Residents requiring restraints.	17	22.7	35.7	41.3
Confused or disoriented residents.	46	61.3	53.7	58.4
Residents with bed sores.	3	4.0	8.0	7.1
Residents receiving special skin care.	12	16.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HOLY FAMILY VILLA

Street Address:		City and State:	
123RD STREET		LEMONT IL 60439	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	99	NON-PROFIT RELIGIOUS	12/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
96	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	89.6	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	86	89.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	66	68.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	62.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	65.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	54	56.3	19.4	29.3
Completely bedfast residents.	1	1.0	0.7	3.6
Residents confined to chairs.	13	13.5	27.6	39.1
Residents requiring restraints.	29	30.2	23.4	31.7
Confused or disoriented residents.	70	72.9	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOTHER THERESA HOME

Street Address:		City and State:	
1270 MAIN ST		LEMONT IL 60439	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	57	NON-PROFIT RELIGIOUS	12/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
45	0	9	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	4	8.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	97.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	39	86.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	97.8	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	75.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	31.1	19.4	29.3
Completely bedfast residents.	1	2.2	0.7	3.6
Residents confined to chairs.	22	48.9	27.6	39.1
Residents requiring restraints.	17	37.8	23.4	31.7
Confused or disoriented residents.	25	55.6	49.8	55.8
Residents with bed sores.	2	4.4	4.0	4.7
Residents receiving special skin care.	2	4.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LENA CONTINENTAL MANOR NH INC

Street Address: 1010 S LOGAN		City and State: LENA IL 61048	
Participation: MEDICAID ICF	# of Beds: 92	Type of Ownership: PROPRIETARY	Survey Date: 03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	Medicare Residents: 0	Medicaid Residents: 20	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	76.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	75	83.3	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	66	73.3	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	65.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	53.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	16.7	19.4	29.3
Completely bedfast residents.	1	1.1	0.7	3.6
Residents confined to chairs.	16	17.8	27.6	39.1
Residents requiring restraints.	29	32.2	23.4	31.7
Confused or disoriented residents.	34	37.8	49.8	55.8
Residents with bed sores.	9	10.0	4.0	4.7
Residents receiving special skin care.	15	16.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CLARYTONA MANOR

Street Address: 175 E SYCAMORE DRIVE		City and State: LEWISTOWN IL 61542	
Participation: MEDICAID ICF	# of Beds: 99	Type of Ownership: PROPRIETARY	Survey Date: 07/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	Medicare Residents: 0	Medicaid Residents: 71
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	39.3	58.0	78.3
Dressing Residents requiring some or total assistance in dressing.	52	61.9	61.9	76.7
Toileting Residents requiring some or total assistance in toileting.	37	44.0	46.6	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	64.3	50.5	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	83.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	9	10.7	7.1	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	14.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	34	40.5	27.6	39.1
Residents requiring restraints.	20	23.8	23.4	31.7
Confused or disoriented residents.	41	48.8	49.8	55.8
Residents with bed sores.	11	13.1	4.0	4.7
Residents receiving special skin care.	20	23.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEXINGTON HOUSE

Street Address: 301 S VINE		City and State: LEXINGTON IL 61753	
Participation: MEDICAID ICF	# of Beds: 52	Type of Ownership: PROPRIETARY	Survey Date: 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	Medicare Residents: 0	Medicaid Residents: 40
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	65.3	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	34	69.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	25	51.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	57.1	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	24	49.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	17	34.7	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	18.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	9	18.4	27.6	39.1
Residents requiring restraints.	0	0.0	23.4	31.7
Confused or disoriented residents.	23	46.9	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	10	20.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIBERTYVILLE MANOR

Street Address: 610 PETERSON ROAD		City and State: LIBERTYVILLE IL 60048	
Participation: MEDICARE SNF	# of Beds: 129	Type of Ownership: PROPRIETARY	Survey Date: 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	Medicare Residents: 2	Medicaid Residents: 0	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	55.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	68.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	65	60.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	59.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	56.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	20.6	33.8	37.7
Completely bedfast residents.	8	7.5	3.2	3.4
Residents confined to chairs.	25	23.4	48.4	50.8
Residents requiring restraints.	65	60.7	35.7	41.3
Confused or disoriented residents.	62	57.9	53.7	58.4
Residents with bed sores.	9	8.4	8.0	7.1
Residents receiving special skin care.	37	34.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WINCHESTER HOUSE

Street Address:		City and State:	
1125 NORTH MILWAUKEE AVENUE		LIBERTYVILLE IL 60048	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	359	LOCAL GOVERNMENT	09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
348	1	260		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	262	75.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	236	67.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	244	70.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	257	73.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	231	66.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	45	12.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	141	40.5	33.8	37.7
Completely bedfast residents.	6	1.7	3.2	3.4
Residents confined to chairs.	246	70.7	48.4	50.8
Residents requiring restraints.	165	47.4	35.7	41.3
Confused or disoriented residents.	165	47.4	53.7	58.4
Residents with bed sores.	25	7.2	8.0	7.1
Residents receiving special skin care.	214	61.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CHRISTIAN NURSING HOME

Street Address:		City and State:	
1507 SEVENTH STREET		LINCOLN IL 62656	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	NON-PROFIT RELIGIOUS	01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	81.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	67	72.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	69.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	54.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	73.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	38.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	35	38.0	48.4	50.8
Residents requiring restraints.	44	47.8	35.7	41.3
Confused or disoriented residents.	9	9.8	53.7	58.4
Residents with bed sores.	10	10.9	8.0	7.1
Residents receiving special skin care.	32	34.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LINCOLN DEVELOPMENTAL CENTER

Street Address: 861 SOUTH STATE ST		City and State: LINCOLN IL 62656	
Participation: MEDICAID SNF/ICF	# of Beds: 508	Type of Ownership: STATE GOVERNMENT	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48		Medicare Residents: 0		Medicaid Residents: 45	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		48	100	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		48	100	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		48	100	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		4	8.3	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		48	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.		1	2.1	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		42	87.5	33.8	37.7
Completely bedfast residents.		2	4.2	3.2	3.4
Residents confined to chairs.		44	91.7	48.4	50.8
Residents requiring restraints.		44	91.7	35.7	41.3
Confused or disoriented residents.		48	100	53.7	58.4
Residents with bed sores.		3	6.3	8.0	7.1
Residents receiving special skin care.		48	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LINCOLN LAND NURSING HOME INC

Street Address: 2202 N KICKAPOO STREET		City and State: LINCOLN IL 62656	
Participation: MEDICAID SNF/ICF	# of Beds: 84	Type of Ownership: PROPRIETARY	Survey Date: 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	Medicare Residents: 0	Medicaid Residents: 62	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	47.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	48.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	31	41.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	28.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	43.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	14	18.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	18.9	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	35	47.3	48.4	50.8
Residents requiring restraints.	17	23.0	35.7	41.3
Confused or disoriented residents.	18	24.3	53.7	58.4
Residents with bed sores.	2	2.7	8.0	7.1
Residents receiving special skin care.	30	40.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST CLARA'S MANOR INC

Street Address:		City and State:	
200 5TH ST		LINCOLN IL 62656	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	140	NON-PROFIT PRIVATE	11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
123	0	58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	78.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	101	82.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	77.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	78.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	85	69.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	30.1	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	86	69.9	48.4	50.8
Residents requiring restraints.	71	57.7	35.7	41.3
Confused or disoriented residents.	76	61.8	53.7	58.4
Residents with bed sores.	11	8.9	8.0	7.1
Residents receiving special skin care.	44	35.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SUNSHINE MEADOW CARE CENTER

Street Address:		City and State:	
1800 5TH ST		LINCOLN IL 62656	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	61	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
55	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	65.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	36	65.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	27	49.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	47.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	54.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	14.5	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	14	25.5	48.4	50.8
Residents requiring restraints.	12	21.8	35.7	41.3
Confused or disoriented residents.	29	52.7	53.7	58.4
Residents with bed sores.	1	1.8	8.0	7.1
Residents receiving special skin care.	3	5.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BARRY CARE CENTER

Street Address: 628 S ILLINOIS		City and State: LITCHFIELD IL 62056	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 102	Type of Ownership: PROPRIETARY	Survey Date: 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	Medicare Residents: 0	Medicaid Residents: 48		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	67.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	57	70.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	55	67.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	63.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	55	67.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	3.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	34.6	33.8	37.7
Completely bedfast residents.	2	2.5	3.2	3.4
Residents confined to chairs.	30	37.0	48.4	50.8
Residents requiring restraints.	19	23.5	35.7	41.3
Confused or disoriented residents.	48	59.3	53.7	58.4
Residents with bed sores.	8	9.9	8.0	7.1
Residents receiving special skin care.	26	32.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARE INN CONV CTR OF LITCHFIELD

Street Address:		City and State:	
1285 E UNION AVE		LITCHFIELD IL 62056	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	05/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
110	0	77		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	61.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	80.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	73	66.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	78.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	81	73.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	28.2	33.8	37.7
Completely bedfast residents.	6	5.5	3.2	3.4
Residents confined to chairs.	79	71.8	48.4	50.8
Residents requiring restraints.	39	35.5	35.7	41.3
Confused or disoriented residents.	56	50.9	53.7	58.4
Residents with bed sores.	2	1.8	8.0	7.1
Residents receiving special skin care.	27	24.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LITCHFIELD TERRACE

Street Address:		City and State:	
TYLER MCKINLEY STS		LITCHFIELD IL 62056	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	65	PROPRIETARY	03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
54	0	50	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	38.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	22	40.7	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	20.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	29.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	24.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	9.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	7	13.0	27.6	39.1
Residents requiring restraints.	18	33.3	23.4	31.7
Confused or disoriented residents.	23	42.6	49.8	55.8
Residents with bed sores.	0	0.0	4.0	4.7
Residents receiving special skin care.	10	18.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST FRANCIS HOSP TRANSITIONAL CARE UNIT

Street Address:		City and State:	
1215 EAST UNION AVENUE		LITCHFIELD IL 62056	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF	20	NON-PROFIT RELIGIOUS	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
9	5	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	8	88.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	9	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	8	88.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	5	55.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	33.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	5	55.6	48.4	50.8
Residents requiring restraints.	0	0.0	35.7	41.3
Confused or disoriented residents.	0	0.0	53.7	58.4
Residents with bed sores.	1	11.1	8.0	7.1
Residents receiving special skin care.	4	44.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BEACON HILL

Street Address:		City and State:	
2400 SOUTH FINLEY ROAD		LOMBARD IL 60148	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	45	PROPRIETARY	07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
45	0	0	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	35	77.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	97.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	82.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	57.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	27	60.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	12	26.7	33.8	37.7
Completely bedfast residents.	1	2.2	3.2	3.4
Residents confined to chairs.	22	48.9	48.4	50.8
Residents requiring restraints.	17	37.8	35.7	41.3
Confused or disoriented residents.	19	42.2	53.7	58.4
Residents with bed sores.	2	4.4	8.0	7.1
Residents receiving special skin care.	1	2.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LEXINGTON HEALTH CARE CENTER

Street Address:		City and State:	
2100 SOUTH FINLEY ROAD		LOMBARD IL 60148	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	215	PROPRIETARY	06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
206	1	75	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	159	77.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	161	78.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	137	66.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	68.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	132	64.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	18.4	33.8	37.7
Completely bedfast residents.	4	1.9	3.2	3.4
Residents confined to chairs.	112	54.4	48.4	50.8
Residents requiring restraints.	97	47.1	35.7	41.3
Confused or disoriented residents.	109	52.9	53.7	58.4
Residents with bed sores.	30	14.6	8.0	7.1
Residents receiving special skin care.	11	5.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FOUNTAIN TERRACE

Street Address: 6131 PARK RIDGE RD		City and State: LOVES PARK IL 61111	
Participation: MEDICAID ICF	# of Beds: 54	Type of Ownership: PROPRIETARY	Survey Date: 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	Medicare Residents: 0	Medicaid Residents: 22	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	81.3	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	38	79.2	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	79.2	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	70.8	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	32	66.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	14.6	19.4	29.3
Completely bedfast residents.	1	2.1	0.7	3.6
Residents confined to chairs.	36	75.0	27.6	39.1
Residents requiring restraints.	14	29.2	23.4	31.7
Confused or disoriented residents.	15	31.3	49.8	55.8
Residents with bed sores.	6	12.5	4.0	4.7
Residents receiving special skin care.	6	12.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

WALTER LAWSON CHILDRENS HOME

Street Address:		City and State:	
1820 WALTER LAWSON DR		LOVES PARK IL 61111	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	93	PROPRIETARY	04/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
89	0	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	89	100	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	89	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	100	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	84	94.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	88	98.9	48.4	50.8
Residents requiring restraints.	0	0.0	35.7	41.3
Confused or disoriented residents.	0	0.0	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	89	100	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MACOMB MANOR

Street Address: 400 W GRANT		City and State: MACOMB IL 61455	
Participation: MEDICAID ICF	# of Beds: 65	Type of Ownership: PROPRIETARY	Survey Date: 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
58	0	45			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		29	50.0	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		29	50.0	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		24	41.4	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		22	37.9	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		7	12.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		4	6.9	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		17	29.3	27.6	39.1
Residents requiring restraints.		11	19.0	23.4	31.7
Confused or disoriented residents.		18	31.0	49.8	55.8
Residents with bed sores.		5	8.6	4.0	4.7
Residents receiving special skin care.		10	17.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MACOMB NURSING AND REHAB CTR

Street Address: 8 DOCTORS LANE		City and State: MACOMB IL 61455	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 58	Type of Ownership: PROPRIETARY	Survey Date: 04/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
58	1	25			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		53	91.4	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		43	74.1	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		37	63.8	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		48	82.8	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		36	62.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.		13	22.4	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		15	25.9	33.8	37.7
Completely bedfast residents.		2	3.4	3.2	3.4
Residents confined to chairs.		39	67.2	48.4	50.8
Residents requiring restraints.		23	39.7	35.7	41.3
Confused or disoriented residents.		3	5.2	53.7	58.4
Residents with bed sores.		3	5.2	8.0	7.1
Residents receiving special skin care.		13	22.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE ELMS NURSING HOME

Street Address: 1212 MADELYN AVE		City and State: MACOMB IL 61455	
Participation: MEDICAID SNF/ICF	# of Beds: 98	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	Medicare Residents: 0	Medicaid Residents: 40	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	53.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	78.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	72.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	75.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	71.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	42.1	33.8	37.7
Completely bedfast residents.	8	8.4	3.2	3.4
Residents confined to chairs.	44	46.3	48.4	50.8
Residents requiring restraints.	41	43.2	35.7	41.3
Confused or disoriented residents.	68	71.6	53.7	58.4
Residents with bed sores.	3	3.2	8.0	7.1
Residents receiving special skin care.	13	13.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESLEY VILLAGE HEALTH CARE CENTER

Street Address:		City and State:	
1200 EAST GRANT ST		MACOMB IL 61455	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	58	NON-PROFIT RELIGIOUS	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
41	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	82.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	85.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	73.2	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	70.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	63.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	14.6	19.4	29.3
Completely bedfast residents.	1	2.4	0.7	3.6
Residents confined to chairs.	9	22.0	27.6	39.1
Residents requiring restraints.	12	29.3	23.4	31.7
Confused or disoriented residents.	18	43.9	49.8	55.8
Residents with bed sores.	2	4.9	4.0	4.7
Residents receiving special skin care.	2	4.9	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

FOUNTAIN NURSING HOME

Street Address:		City and State:	
1301 E DEYOUNG ST		MARION IL 62959	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	68	PROPRIETARY	03/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
48	0	27	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	85.4	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	85.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	41	85.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	89.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	77.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	2	4.2	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	31.3	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	40	83.3	27.6	39.1
Residents requiring restraints.	18	37.5	23.4	31.7
Confused or disoriented residents.	36	75.0	49.8	55.8
Residents with bed sores.	6	12.5	4.0	4.7
Residents receiving special skin care.	8	16.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE FRIENDSHIP CARE CENTER

Street Address:		City and State:	
1101 N MADISON ST		MARION IL 62959	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	57	PROPRIETARY	08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
56	0	39		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	57.1	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	69.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	62.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	57.1	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	35.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	17.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	31	55.4	27.6	39.1
Residents requiring restraints.	11	19.6	23.4	31.7
Confused or disoriented residents.	31	55.4	49.8	55.8
Residents with bed sores.	4	7.1	4.0	4.7
Residents receiving special skin care.	16	28.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVERSHORES NURSING HOME

Street Address:		City and State:	
578 COMMERCIAL STREET		MARSEILLES IL 61341	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	NON-PROFIT RELIGIOUS	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
92	1	41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	77	83.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	90.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	90.2	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	81.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	64	69.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	32.6	33.8	37.7
Completely bedfast residents.	1	1.1	3.2	3.4
Residents confined to chairs.	68	73.9	48.4	50.8
Residents requiring restraints.	33	35.9	35.7	41.3
Confused or disoriented residents.	44	47.8	53.7	58.4
Residents with bed sores.	3	3.3	8.0	7.1
Residents receiving special skin care.	3	3.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BURNSIDE NSG HM INC

Street Address:		City and State:	
410 N 2 ST		MARSHALL IL 62441	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	109	NON-PROFIT PRIVATE	06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
99	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	62	62.6	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	79.8	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	74.7	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	74.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	67.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	32.3	33.8	37.7
Completely bedfast residents.	3	3.0	3.2	3.4
Residents confined to chairs.	46	46.5	48.4	50.8
Residents requiring restraints.	36	36.4	35.7	41.3
Confused or disoriented residents.	51	51.5	53.7	58.4
Residents with bed sores.	1	1.0	8.0	7.1
Residents receiving special skin care.	12	12.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MEADOW VIEW CARE CENTER

Street Address:		City and State:	
INTERSTATE 70 ROUTE 159		MARYVILLE IL 62062	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	104	PROPRIETARY	08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
90	0	66	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	50.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	53.3	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	43	47.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	48.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	43.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	5.6	19.4	29.3
Completely bedfast residents.	1	1.1	0.7	3.6
Residents confined to chairs.	34	37.8	27.6	39.1
Residents requiring restraints.	28	31.1	23.4	31.7
Confused or disoriented residents.	42	46.7	49.8	55.8
Residents with bed sores.	6	6.7	4.0	4.7
Residents receiving special skin care.	24	26.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRANGE NH

Street Address:		City and State:	
901 N 10TH ST		MASCOUTAH IL 62258	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	54	NON-PROFIT OTHER	01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
47	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	31	66.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	35	74.5	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	63.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	70.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	22	46.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	27	57.4	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	34.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	25	53.2	27.6	39.1
Residents requiring restraints.	24	51.1	23.4	31.7
Confused or disoriented residents.	24	51.1	49.8	55.8
Residents with bed sores.	5	10.6	4.0	4.7
Residents receiving special skin care.	17	36.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAR KA NURSING HOME

Street Address:		City and State:	
201 S 10TH ST RR 2 BOX 364		MASCOUTAH IL 62258	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	76	PROPRIETARY	08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
72	0	43	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	64	88.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	84.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	58	80.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	62.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	62.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	55.6	33.8	37.7
Completely bedfast residents.	3	4.2	3.2	3.4
Residents confined to chairs.	32	44.4	48.4	50.8
Residents requiring restraints.	23	31.9	35.7	41.3
Confused or disoriented residents.	45	62.5	53.7	58.4
Residents with bed sores.	7	9.7	8.0	7.1
Residents receiving special skin care.	32	44.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WEST MAIN NURSING HOME

Street Address:		City and State:	
1244 W MAIN		MASCOUTAH IL 62258	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	34	PROPRIETARY	09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
33	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	48.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	30	90.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	54.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	60.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	54.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	1	3.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	75.8	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	3	9.1	27.6	39.1
Residents requiring restraints.	7	21.2	23.4	31.7
Confused or disoriented residents.	15	45.5	49.8	55.8
Residents with bed sores.	1	3.0	4.0	4.7
Residents receiving special skin care.	15	45.5	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CONVALESCENT CARE CENTER

Street Address: 1000 PALM		City and State: MATTOON IL 61938	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 254	Type of Ownership: PROPRIETARY	Survey Date: 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 178		Medicare Residents: 0		Medicaid Residents: 123	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		120	67.4	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		83	46.6	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		67	37.6	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		60	33.7	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		71	39.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.		9	5.1	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		29	16.3	33.8	37.7
Completely bedfast residents.		1	0.6	3.2	3.4
Residents confined to chairs.		45	25.3	48.4	50.8
Residents requiring restraints.		32	18.0	35.7	41.3
Confused or disoriented residents.		93	52.2	53.7	58.4
Residents with bed sores.		8	4.5	8.0	7.1
Residents receiving special skin care.		22	12.4	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE DOUGLAS LIVING CENTER

Street Address: WEST ROUTE 121		City and State: MATTOON IL 61938	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 75	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	Medicare Residents: 1	Medicaid Residents: 27		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	48	73.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	53	81.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	48	73.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	69.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	83.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	47.7	33.8	37.7
Completely bedfast residents.	2	3.1	3.2	3.4
Residents confined to chairs.	28	43.1	48.4	50.8
Residents requiring restraints.	26	40.0	35.7	41.3
Confused or disoriented residents.	58	89.2	53.7	58.4
Residents with bed sores.	10	15.4	8.0	7.1
Residents receiving special skin care.	14	21.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MATTOON HEALTH CARE CENTER

Street Address: 2121 SOUTH 9TH STREET		City and State: MATTOON IL 61938	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 148	Type of Ownership: PROPRIETARY	Survey Date: 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	Medicare Residents: 0	Medicaid Residents: 48	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	86.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	74.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	61	65.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	65.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	71.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	52.7	33.8	37.7
Completely bedfast residents.	2	2.2	3.2	3.4
Residents confined to chairs.	27	29.0	48.4	50.8
Residents requiring restraints.	30	32.3	35.7	41.3
Confused or disoriented residents.	57	61.3	53.7	58.4
Residents with bed sores.	9	9.7	8.0	7.1
Residents receiving special skin care.	61	65.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

ODD FELLOWS REBEKAH HOME

Street Address:		City and State:	
EAST LAFAYETTE ST		MATTOON IL 61938	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	120	NON-PROFIT OTHER	11/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
118	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	55.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	55.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	46	39.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	72.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	39.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	8.5	33.8	37.7
Completely bedfast residents.	1	0.8	3.2	3.4
Residents confined to chairs.	14	11.9	48.4	50.8
Residents requiring restraints.	33	28.0	35.7	41.3
Confused or disoriented residents.	43	36.4	53.7	58.4
Residents with bed sores.	9	7.6	8.0	7.1
Residents receiving special skin care.	26	22.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BAPTIST RETIREMENT HOME

Street Address:		City and State:	
316 RANDOLPH ST		MAYWOOD IL 60153	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	118	NON-PROFIT RELIGIOUS	07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
67	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	50.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	67.2	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	52.2	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	53.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	29	43.3	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	20.9	19.4	29.3
Completely bedfast residents.	1	1.5	0.7	3.6
Residents confined to chairs.	21	31.3	27.6	39.1
Residents requiring restraints.	13	19.4	23.4	31.7
Confused or disoriented residents.	40	59.7	49.8	55.8
Residents with bed sores.	2	3.0	4.0	4.7
Residents receiving special skin care.	0	0.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROYAL TERRACE

Street Address: 803 ROYAL DRIVE		City and State: MCHENRY IL 60050	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 316	Type of Ownership: PROPRIETARY	Survey Date: 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 279	Medicare Residents: 0	Medicaid Residents: 215		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	209	74.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	227	81.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	201	72.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	215	77.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	195	69.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	69	24.7	33.8	37.7
Completely bedfast residents.	3	1.1	3.2	3.4
Residents confined to chairs.	189	67.7	48.4	50.8
Residents requiring restraints.	142	50.9	35.7	41.3
Confused or disoriented residents.	170	60.9	53.7	58.4
Residents with bed sores.	60	21.5	8.0	7.1
Residents receiving special skin care.	59	21.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HAMILTON MEM NURSING CTR

Street Address: 611 SOUTH MARSHALL AVE		City and State: MCLEANSBORO IL 62859	
Participation: MEDICAID ICF	# of Beds: 60	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	Medicare Residents: 0	Medicaid Residents: 26	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	81.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	46	79.3	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	75.9	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	75.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	65.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	34.5	19.4	29.3
Completely bedfast residents.	1	1.7	0.7	3.6
Residents confined to chairs.	31	53.4	27.6	39.1
Residents requiring restraints.	40	69.0	23.4	31.7
Confused or disoriented residents.	28	48.3	49.8	55.8
Residents with bed sores.	3	5.2	4.0	4.7
Residents receiving special skin care.	18	31.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE LIFECARE CENTER OF MCLEANSBORO

Street Address: 405 W CARPENTER		City and State: MCLEANSBORO IL 62859	
Participation: MEDICAID ICF	# of Beds: 43	Type of Ownership: PROPRIETARY	Survey Date: 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	Medicare Residents: 0	Medicaid Residents: 35		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	85.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	78.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	78.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	50.0	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	88.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	11.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	23	54.8	27.6	39.1
Residents requiring restraints.	8	19.0	23.4	31.7
Confused or disoriented residents.	21	50.0	49.8	55.8
Residents with bed sores.	1	2.4	4.0	4.7
Residents receiving special skin care.	12	28.6	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GOTTLIEB MEMORIAL HOSPITAL SNF

Street Address:		City and State:	
701 WEST NORTH AVENUE		MELROSE PARK IL 60160	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	34	NON-PROFIT OTHER	04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
31	22	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	77.4	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	27	87.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	25	80.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	93.5	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	64.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	6.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	77.4	33.8	37.7
Completely bedfast residents.	8	25.8	3.2	3.4
Residents confined to chairs.	13	41.9	48.4	50.8
Residents requiring restraints.	5	16.1	35.7	41.3
Confused or disoriented residents.	5	16.1	53.7	58.4
Residents with bed sores.	8	25.8	8.0	7.1
Residents receiving special skin care.	16	51.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WESTLAKE COMMUNITY HOSPITAL

Street Address:		City and State:	
1225 SUPERIOR STREET		MELROSE PARK IL 60160	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE SNF	17	NON-PROFIT PRIVATE	04/19/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
13	12	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	12	92.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	13	100	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	12	92.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	100	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	53.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	46.2	33.8	37.7
Completely bedfast residents.	2	15.4	3.2	3.4
Residents confined to chairs.	10	76.9	48.4	50.8
Residents requiring restraints.	4	30.8	35.7	41.3
Confused or disoriented residents.	5	38.5	53.7	58.4
Residents with bed sores.	8	61.5	8.0	7.1
Residents receiving special skin care.	8	61.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NORTH ADAMS HOME INC

Street Address: RR2 PO BOX 100		City and State: MENDON IL 62351	
Participation: MEDICAID ICF	# of Beds: 98	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
97	0	31			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		66	68.0	58.0	78.3
Dressing					
Residents requiring some or total assistance in dressing.		72	74.2	61.9	76.7
Toileting					
Residents requiring some or total assistance in toileting.		72	74.2	46.6	63.4
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		72	74.2	50.5	66.0
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		72	74.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	7.1	6.1
Eating					
Residents receiving tube feedings or requiring assistance with eating.		19	19.6	19.4	29.3
Completely bedfast residents.		0	0.0	0.7	3.6
Residents confined to chairs.		35	36.1	27.6	39.1
Residents requiring restraints.		40	41.2	23.4	31.7
Confused or disoriented residents.		52	53.6	49.8	55.8
Residents with bed sores.		3	3.1	4.0	4.7
Residents receiving special skin care.		13	13.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR

Street Address:		City and State:	
1201 1ST AVE		MENDOTA IL 61342	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	99	PROPRIETARY	08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
98	1	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	64.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	70.4	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	57.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	56.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	49.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	34	34.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	27.6	33.8	37.7
Completely bedfast residents.	3	3.1	3.2	3.4
Residents confined to chairs.	18	18.4	48.4	50.8
Residents requiring restraints.	33	33.7	35.7	41.3
Confused or disoriented residents.	27	27.6	53.7	58.4
Residents with bed sores.	3	3.1	8.0	7.1
Residents receiving special skin care.	39	39.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MENDOTA LUTHERAN HOME

Street Address: 500-6TH STREET		City and State: MENDOTA IL 61342	
Participation: MEDICAID ICF	# of Beds: 101	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72		Medicare Residents: 0		Medicaid Residents: 21			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				FACILITY		STATE	NATION
				#	%	%	%
Bathing							
Residents requiring some or total assistance in bathing.				51	70.8	58.0	78.3
Dressing							
Residents requiring some or total assistance in dressing.				57	79.2	61.9	76.7
Toileting							
Residents requiring some or total assistance in toileting.				43	59.7	46.6	63.4
Transferring							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				51	70.8	50.5	66.0
Continence							
Residents with catheters or partial or total loss of bowel or bladder control.				51	70.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.				2	2.8	7.1	6.1
Eating							
Residents receiving tube feedings or requiring assistance with eating.				23	31.9	19.4	29.3
Completely bedfast residents.				0	0.0	0.7	3.6
Residents confined to chairs.				23	31.9	27.6	39.1
Residents requiring restraints.				25	34.7	23.4	31.7
Confused or disoriented residents.				38	52.8	49.8	55.8
Residents with bed sores.				1	1.4	4.0	4.7
Residents receiving special skin care.				43	59.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MAGNOLIA MANOR

Street Address: 2101 METROPOLIS ST, P O BOX 709		City and State: METROPOLIS IL 62960	
Participation: MEDICAID SNF/ICF	# of Beds: 63	Type of Ownership: PROPRIETARY	Survey Date: 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	Medicare Residents: 0	Medicaid Residents: 47		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	72.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	44	72.1	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	62.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	62.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	42.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	23.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	28	45.9	48.4	50.8
Residents requiring restraints.	22	36.1	35.7	41.3
Confused or disoriented residents.	28	45.9	53.7	58.4
Residents with bed sores.	0	0.0	8.0	7.1
Residents receiving special skin care.	37	60.7	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE METROPOLIS GOOD SAMARITAN HOME

Street Address:		City and State:	
2299 METROPOLIS STREET		METROPOLIS IL 62960	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	85	NON-PROFIT OTHER	04/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
83	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	50	60.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	66	79.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	67.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	68.7	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	90.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	60	72.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	67.5	33.8	37.7
Completely bedfast residents.	4	4.8	3.2	3.4
Residents confined to chairs.	54	65.1	48.4	50.8
Residents requiring restraints.	48	57.8	35.7	41.3
Confused or disoriented residents.	39	47.0	53.7	58.4
Residents with bed sores.	1	1.2	8.0	7.1
Residents receiving special skin care.	53	63.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SOUTHGATE HEALTHCARE CENTER

Street Address:		City and State:	
900 E 9TH STREET		METROPOLIS IL 62960	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	125	PROPRIETARY	04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
121	0	92		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	72.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	95	78.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	64.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	50.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	57.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	33.9	33.8	37.7
Completely bedfast residents.	5	4.1	3.2	3.4
Residents confined to chairs.	39	32.2	48.4	50.8
Residents requiring restraints.	48	39.7	35.7	41.3
Confused or disoriented residents.	67	55.4	53.7	58.4
Residents with bed sores.	12	9.9	8.0	7.1
Residents receiving special skin care.	35	28.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BOWMAN NURSING HOMES

Street Address: 3249 W 147TH STREET		City and State: MIDLOTHIAN IL 60445	
Participation: MEDICAID ICF	# of Beds: 92	Type of Ownership: PROPRIETARY	Survey Date: 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	Medicare Residents: 0	Medicaid Residents: 47		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	88.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	88.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	57	70.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	88.9	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	67	82.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	30.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	58	71.6	27.6	39.1
Residents requiring restraints.	36	44.4	23.4	31.7
Confused or disoriented residents.	47	58.0	49.8	55.8
Residents with bed sores.	3	3.7	4.0	4.7
Residents receiving special skin care.	12	14.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MILLHAVEN CARE CTR

Street Address:		City and State:	
415 VETERANS DR		MILLSTADT IL 62260	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	101	NON-PROFIT OTHER	08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
82	0	63	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	29.3	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	56	68.3	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	56	68.3	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	59.8	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	31.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	2	2.4	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	20.7	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	6	7.3	27.6	39.1
Residents requiring restraints.	8	9.8	23.4	31.7
Confused or disoriented residents.	30	36.6	49.8	55.8
Residents with bed sores.	4	4.9	4.0	4.7
Residents receiving special skin care.	20	24.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

LIDA HOME

Street Address:		City and State:	
201 LOCUST ST		MINONK IL 61760	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	49	NON-PROFIT PRIVATE	10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
46	0	16	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	73.9	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	28	60.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	27	58.7	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	58.7	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	73.9	44.4	59.1
Residents on individually written bowel and bladder retraining program.	16	34.8	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	23.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	23	50.0	27.6	39.1
Residents requiring restraints.	15	32.6	23.4	31.7
Confused or disoriented residents.	25	54.3	49.8	55.8
Residents with bed sores.	4	8.7	4.0	4.7
Residents receiving special skin care.	4	8.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOLINE NURSING REHAB CENTER

Street Address: 833 16TH AVE		City and State: MOLINE IL 61265	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 119	Type of Ownership: PROPRIETARY	Survey Date: 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	Medicare Residents: 0	Medicaid Residents: 53	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	72.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	73	67.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	64.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	64.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	59	54.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	17	15.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	21.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	49	45.4	48.4	50.8
Residents requiring restraints.	57	52.8	35.7	41.3
Confused or disoriented residents.	67	62.0	53.7	58.4
Residents with bed sores.	15	13.9	8.0	7.1
Residents receiving special skin care.	74	68.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOLINE PUBLIC HOSPITAL

Street Address:		City and State:	
635 TENTH AVENUE		MOLINE IL 61265	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	19	LOCAL GOVERNMENT	10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
14	3	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	92.9	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	13	92.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	13	92.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	92.9	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	6	42.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	7.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	7.1	33.8	37.7
Completely bedfast residents.	1	7.1	3.2	3.4
Residents confined to chairs.	0	0.0	48.4	50.8
Residents requiring restraints.	1	7.1	35.7	41.3
Confused or disoriented residents.	0	0.0	53.7	58.4
Residents with bed sores.	2	14.3	8.0	7.1
Residents receiving special skin care.	0	0.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MOMENCE MEADOWS

Street Address: 500 WALNUT		City and State: MOMENCE IL 60954	
Participation: MEDICAID ICF	# of Beds: 78	Type of Ownership: PROPRIETARY	Survey Date: 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	Medicare Residents: 0	Medicaid Residents: 61		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	53	68.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	70.1	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	53	68.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	70.1	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	44	57.1	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	13.0	19.4	29.3
Completely bedfast residents.	1	1.3	0.7	3.6
Residents confined to chairs.	42	54.5	27.6	39.1
Residents requiring restraints.	26	33.8	23.4	31.7
Confused or disoriented residents.	53	68.8	49.8	55.8
Residents with bed sores.	4	5.2	4.0	4.7
Residents receiving special skin care.	46	59.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE APPLEGATE INN

Street Address: 515 E EUCLID AVE		City and State: MONMOUTH IL 61462	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 118	Type of Ownership: PROPRIETARY	Survey Date: 04/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	Medicare Residents: 0	Medicaid Residents: 57	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	67.1	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	78.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	65.9	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	64.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	63.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	21	25.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	17.1	33.8	37.7
Completely bedfast residents.	2	2.4	3.2	3.4
Residents confined to chairs.	39	47.6	48.4	50.8
Residents requiring restraints.	30	36.6	35.7	41.3
Confused or disoriented residents.	48	58.5	53.7	58.4
Residents with bed sores.	2	2.4	8.0	7.1
Residents receiving special skin care.	21	25.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE COMMUNITY MEMORIAL HOSPITAL

Street Address:		City and State:	
1000 WEST HARLEM AVENUE		MONMOUTH IL 61462	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	26	LOCAL GOVERNMENT	05/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
20	14	1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	95.0	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	19	95.0	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	95.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	95.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	40.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	10.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	7	35.0	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	7	35.0	48.4	50.8
Residents requiring restraints.	4	20.0	35.7	41.3
Confused or disoriented residents.	4	20.0	53.7	58.4
Residents with bed sores.	3	15.0	8.0	7.1
Residents receiving special skin care.	9	45.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PIATT COUNTY NURSING HOME

Street Address:		City and State:	
1111 NORTH STATE ST		MONTICELLO IL 61856	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	99	LOCAL GOVERNMENT	08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
97	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	92	94.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	86	88.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	81	83.5	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	86.6	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	73.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	43	44.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	32	33.0	33.8	37.7
Completely bedfast residents.	11	11.3	3.2	3.4
Residents confined to chairs.	31	32.0	48.4	50.8
Residents requiring restraints.	22	22.7	35.7	41.3
Confused or disoriented residents.	36	37.1	53.7	58.4
Residents with bed sores.	6	6.2	8.0	7.1
Residents receiving special skin care.	26	26.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GRUNDY COUNTY NURSING HOME

Street Address: CLAY AND GRUNDY STS PO BOX 669		City and State: MORRIS IL 60450	
Participation: MEDICAID ICF	# of Beds: 143	Type of Ownership: LOCAL GOVERNMENT	Survey Date: 11/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 142	Medicare Residents: 0	Medicaid Residents: 52	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	92.3	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	105	73.9	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	90	63.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	60.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	90	63.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	46	32.4	19.4	29.3
Completely bedfast residents.	3	2.1	0.7	3.6
Residents confined to chairs.	81	57.0	27.6	39.1
Residents requiring restraints.	67	47.2	23.4	31.7
Confused or disoriented residents.	85	59.9	49.8	55.8
Residents with bed sores.	4	2.8	4.0	4.7
Residents receiving special skin care.	44	31.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MORRIS LINCOLN NURSING HOME

Street Address: 916 FREEMONT AVENUE		City and State: MORRIS IL 60450	
Participation: MEDICAID ICF	# of Beds: 81	Type of Ownership: PROPRIETARY	Survey Date: 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	Medicare Residents: 0	Medicaid Residents: 23
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	95.5	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	95.5	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	42	95.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	95.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	97.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	31	70.5	19.4	29.3
Completely bedfast residents.	2	4.5	0.7	3.6
Residents confined to chairs.	34	77.3	27.6	39.1
Residents requiring restraints.	27	61.4	23.4	31.7
Confused or disoriented residents.	30	68.2	49.8	55.8
Residents with bed sores.	4	9.1	4.0	4.7
Residents receiving special skin care.	41	93.2	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MORRISON COMMUNITY HOSPITAL SNF

Street Address:		City and State:	
303 NORTH JACKSON STREET		MORRISON IL 61270	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	38	NON-PROFIT OTHER	03/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
28	12	7		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	85.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	24	85.7	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	21	75.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	75.0	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	75.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	3.6	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	3	10.7	48.4	50.8
Residents requiring restraints.	8	28.6	35.7	41.3
Confused or disoriented residents.	7	25.0	53.7	58.4
Residents with bed sores.	1	3.6	8.0	7.1
Residents receiving special skin care.	8	28.6	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PLEASANT VIEW HOME

Street Address:		City and State:	
NORTH JACKSON STREET		MORRISON IL 61270	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	74	LOCAL GOVERNMENT	01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
72	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	72	100	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	75.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	55.6	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	54.2	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	51.4	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	25.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	12	16.7	27.6	39.1
Residents requiring restraints.	21	29.2	23.4	31.7
Confused or disoriented residents.	28	38.9	49.8	55.8
Residents with bed sores.	6	8.3	4.0	4.7
Residents receiving special skin care.	30	41.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RESTHAVE RETIREMENT AND NURSING HME

Street Address: 408 MAPLE AVE		City and State: MORRISON IL 61270	
Participation: MEDICAID ICF	# of Beds: 76	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	Medicare Residents: 0	Medicaid Residents: 4	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	87.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	89.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	71.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	71.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	61.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	36.7	19.4	29.3
Completely bedfast residents.	1	2.0	0.7	3.6
Residents confined to chairs.	19	38.8	27.6	39.1
Residents requiring restraints.	26	53.1	23.4	31.7
Confused or disoriented residents.	24	49.0	49.8	55.8
Residents with bed sores.	3	6.1	4.0	4.7
Residents receiving special skin care.	24	49.0	21.1	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE BETHANY TERRACE

Street Address:		City and State:	
8425 WAUKEGAN RD		MORTON GROVE IL 60053	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	275	NON-PROFIT RELIGIOUS	04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
240	4	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	206	85.8	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	210	87.5	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	181	75.4	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	194	80.8	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	177	73.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	73	30.4	33.8	37.7
Completely bedfast residents.	9	3.7	3.2	3.4
Residents confined to chairs.	130	54.2	48.4	50.8
Residents requiring restraints.	71	29.6	35.7	41.3
Confused or disoriented residents.	142	59.2	53.7	58.4
Residents with bed sores.	15	6.3	8.0	7.1
Residents receiving special skin care.	48	20.0	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE APOSTOLIC CHRISTIAN RESTMOR

Street Address: 935 E JEFFERSON ST		City and State: MORTON IL 61550	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 146	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	Medicare Residents: 1	Medicaid Residents: 26	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	85	60.7	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	69.3	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	60.0	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	56.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	55.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	51	36.4	33.8	37.7
Completely bedfast residents.	6	4.3	3.2	3.4
Residents confined to chairs.	75	53.6	48.4	50.8
Residents requiring restraints.	45	32.1	35.7	41.3
Confused or disoriented residents.	65	46.4	53.7	58.4
Residents with bed sores.	1	0.7	8.0	7.1
Residents receiving special skin care.	41	29.3	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MORTON HEALTHCARE CENTER

Street Address: 190 E QUEENWOOD RD		City and State: MORTON IL 61550	
Participation: MEDICARE/MEDICAID SNF/ICF	# of Beds: 106	Type of Ownership: PROPRIETARY	Survey Date: 05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
92	0	74			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	85	92.4	71.5	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	80	87.0	77.5	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	80	87.0	68.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	87.0	70.3	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	67	72.8	64.6	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	30	32.6	33.8	37.7	
Completely bedfast residents.	3	3.3	3.2	3.4	
Residents confined to chairs.	65	70.7	48.4	50.8	
Residents requiring restraints.	48	52.2	35.7	41.3	
Confused or disoriented residents.	50	54.3	53.7	58.4	
Residents with bed sores.	4	4.3	8.0	7.1	
Residents receiving special skin care.	23	25.0	33.1	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MORTON TERRACE

Street Address:		City and State:	
191 EAST QUEENWOOD RD		MORTON IL 61550	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	144	NON-PROFIT OTHER	07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
137	0	137

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	27	19.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	54	39.4	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	44	32.1	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	95.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	46	33.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	42	30.7	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	12.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	41	29.9	27.6	39.1
Residents requiring restraints.	29	21.2	23.4	31.7
Confused or disoriented residents.	52	38.0	49.8	55.8
Residents with bed sores.	7	5.1	4.0	4.7
Residents receiving special skin care.	17	12.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MERIDIAN MANOR

Street Address: 420 SOUTH BLANCHE		City and State: MOUNDS IL 62964	
Participation: MEDICAID ICF	# of Beds: 64	Type of Ownership: NON-PROFIT PRIVATE	Survey Date: 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	Medicare Residents: 0	Medicaid Residents: 45	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	43	82.7	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	75.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	34	65.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	36.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	71.2	44.4	59.1
Residents on individually written bowel and bladder retraining program.	2	3.8	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	15.4	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	10	19.2	27.6	39.1
Residents requiring restraints.	12	23.1	23.4	31.7
Confused or disoriented residents.	28	53.8	49.8	55.8
Residents with bed sores.	3	5.8	4.0	4.7
Residents receiving special skin care.	16	30.8	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE GENERAL BAPTIST NURSING HOME INC

Street Address:		City and State:	
RR 4		MOUNT CARMEL IL 62863	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	185	PROPRIETARY	02/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
147	0	84		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	78.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	91.2	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	64.6	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	63.3	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	89	60.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	29.9	33.8	37.7
Completely bedfast residents.	9	6.1	3.2	3.4
Residents confined to chairs.	39	26.5	48.4	50.8
Residents requiring restraints.	47	32.0	35.7	41.3
Confused or disoriented residents.	69	46.9	53.7	58.4
Residents with bed sores.	11	7.5	8.0	7.1
Residents receiving special skin care.	16	10.9	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE SHURTLEFF MANOR

Street Address: 1527 COLLEGE DR		City and State: MOUNT CARMEL IL 62863	
Participation: MEDICAID ICF	# of Beds: 84	Type of Ownership: PROPRIETARY	Survey Date: 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	Medicare Residents: 0	Medicaid Residents: 61	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	37	46.8	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	45	57.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	35	44.3	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	54.4	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	30	38.0	44.4	59.1
Residents on individually written bowel and bladder retraining program.	16	20.3	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	19	24.1	19.4	29.3
Completely bedfast residents.	4	5.1	0.7	3.6
Residents confined to chairs.	32	40.5	27.6	39.1
Residents requiring restraints.	24	30.4	23.4	31.7
Confused or disoriented residents.	29	36.7	49.8	55.8
Residents with bed sores.	4	5.1	4.0	4.7
Residents receiving special skin care.	20	25.3	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE CARROLL COUNTY GOOD SAMARITAN CENTER

Street Address: P.O. BOX 111, NORTH WASHINGTON ST		City and State: MOUNT CARROLL IL 61053	
Participation: MEDICAID ICF	# of Beds: 68	Type of Ownership: NON-PROFIT RELIGIOUS	Survey Date: 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	Medicare Residents: 0	Medicaid Residents: 30
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	47	72.3	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	55	84.6	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	58.5	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	78.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	61.5	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	16.9	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	11	16.9	27.6	39.1
Residents requiring restraints.	22	33.8	23.4	31.7
Confused or disoriented residents.	42	64.6	49.8	55.8
Residents with bed sores.	1	1.5	4.0	4.7
Residents receiving special skin care.	28	43.1	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE PINECREST MANOR NH

Street Address:		City and State:	
414 S WESLEY		MOUNT MORRIS IL 61054	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	119	NON-PROFIT RELIGIOUS	03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
113	1	40	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	109	96.5	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	70	61.9	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	62.8	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	61.1	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	69.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	35.4	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	27	23.9	48.4	50.8
Residents requiring restraints.	49	43.4	35.7	41.3
Confused or disoriented residents.	42	37.2	53.7	58.4
Residents with bed sores.	1	0.9	8.0	7.1
Residents receiving special skin care.	10	8.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE H J VONDERLIETH LIVING CENTER

Street Address: RT 121 ELKHART RD		City and State: MOUNT PULASKI IL 62548	
Participation: MEDICAID SNF/ICF	# of Beds: 90	Type of Ownership: NON-PROFIT OTHER	Survey Date: 07/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	Medicare Residents: 0	Medicaid Residents: 22			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		54	62.1	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		55	63.2	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		46	52.9	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		45	51.7	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		41	47.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		18	20.7	33.8	37.7
Completely bedfast residents.		0	0.0	3.2	3.4
Residents confined to chairs.		42	48.3	48.4	50.8
Residents requiring restraints.		26	29.9	35.7	41.3
Confused or disoriented residents.		29	33.3	53.7	58.4
Residents with bed sores.		2	2.3	8.0	7.1
Residents receiving special skin care.		41	47.1	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE MANOR

Street Address:		City and State:	
CAMDEN ROAD		MOUNT STERLING IL 62353	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID SNF/ICF	87	PROPRIETARY	12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:	
84	0	49	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	80	95.2	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	61	72.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	53	63.1	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	70.2	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	84.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	7.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	28	33.3	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	35	41.7	48.4	50.8
Residents requiring restraints.	28	33.3	35.7	41.3
Confused or disoriented residents.	65	77.4	53.7	58.4
Residents with bed sores.	7	8.3	8.0	7.1
Residents receiving special skin care.	17	20.2	33.1	31.2

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

CASEY MANOR HEALTH FACILITY INC

Street Address:		City and State:	
5 DOCTORS PARK RD		MOUNT VERNON IL 62864	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	113	PROPRIETARY	12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:		
107	0	87		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	86	80.4	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	95	88.8	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	95	88.8	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	63.6	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	82	76.6	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	15.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	71	66.4	27.6	39.1
Residents requiring restraints.	37	34.6	23.4	31.7
Confused or disoriented residents.	40	37.4	49.8	55.8
Residents with bed sores.	5	4.7	4.0	4.7
Residents receiving special skin care.	40	37.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE

JEFFERSONIAN NURSING HOME INC

Street Address:		City and State:	
1700 WHITE STREET		MOUNT VERNON IL 62862	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	64	PROPRIETARY	10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:		Medicare Residents:		Medicaid Residents:	
57		0		8	
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		45	78.9	71.5	81.5
Dressing					
Residents requiring some or total assistance in dressing.		48	84.2	77.5	83.2
Toileting					
Residents requiring some or total assistance in toileting.		42	73.7	68.4	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		43	75.4	70.3	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		31	54.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	6.1	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		27	47.4	33.8	37.7
Completely bedfast residents.		3	5.3	3.2	3.4
Residents confined to chairs.		21	36.8	48.4	50.8
Residents requiring restraints.		18	31.6	35.7	41.3
Confused or disoriented residents.		37	64.9	53.7	58.4
Residents with bed sores.		6	10.5	8.0	7.1
Residents receiving special skin care.		21	36.8	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE MT VERNON CARE FACILITY

Street Address: 1717 JEFFERSON		City and State: MOUNT VERNON IL 62864	
Participation: MEDICAID ICF	# of Beds: 64	Type of Ownership: PROPRIETARY	Survey Date: 08/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	Medicare Residents: 0	Medicaid Residents: 51
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	33	55.0	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	44	73.3	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	30	50.0	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	58.3	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	66.7	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	25.0	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	25	41.7	27.6	39.1
Residents requiring restraints.	20	33.3	23.4	31.7
Confused or disoriented residents.	35	58.3	49.8	55.8
Residents with bed sores.	4	6.7	4.0	4.7
Residents receiving special skin care.	10	16.7	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE WOODLAND NURSING CENTER

Street Address:		City and State:	
1225 SOUTH WOODLAND DRIVE		MOUNT ZION IL 62549	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	73	PROPRIETARY	02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
67	1	28			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	56	83.6	71.5	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	58	86.6	77.5	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	47	70.1	68.4	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	70.1	70.3	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	52	77.6	64.6	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	32	47.8	33.8	37.7	
Completely bedfast residents.	0	0.0	3.2	3.4	
Residents confined to chairs.	18	26.9	48.4	50.8	
Residents requiring restraints.	15	22.4	35.7	41.3	
Confused or disoriented residents.	24	35.8	53.7	58.4	
Residents with bed sores.	4	6.0	8.0	7.1	
Residents receiving special skin care.	15	22.4	33.1	31.2	

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE NATURE TRAIL HOME

Street Address: 1001 S 34TH ST		City and State: MT VERNON IL 62864	
Participation: MEDICAID ICF	# of Beds: 74	Type of Ownership: PROPRIETARY	Survey Date: 05/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	Medicare Residents: 0	Medicaid Residents: 20		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	63	98.4	58.0	78.3
Dressing				
Residents requiring some or total assistance in dressing.	48	75.0	61.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	38	59.4	46.6	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	62.5	50.5	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	37	57.8	44.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	7.1	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	42.2	19.4	29.3
Completely bedfast residents.	0	0.0	0.7	3.6
Residents confined to chairs.	24	37.5	27.6	39.1
Residents requiring restraints.	18	28.1	23.4	31.7
Confused or disoriented residents.	27	42.2	49.8	55.8
Residents with bed sores.	3	4.7	4.0	4.7
Residents receiving special skin care.	6	9.4	21.1	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	6	2.5	198	3.6
Each resident is free from mental and physical abuse.	MET	4	1.7	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	18	7.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	19	8.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	2	0.8	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.8	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	9	3.8	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	43	18.1	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	18	7.6	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	9	3.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	6.8	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	6	2.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	3	1.3	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	19	8.0	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	20	8.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	31	13.1	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	52	21.9	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	2.5	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	1.3	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	13	5.5	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	5.9	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	37	15.6	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	60	25.3	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	5	2.1	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	184	77.6	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE JACKSON COUNTY NURSING HOME

Street Address:		City and State:	
1441 N 14TH STREET		MURPHYSBORO IL 62966	
Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	260	LOCAL GOVERNMENT	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
254	0	130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	105	41.3	71.5	81.5
Dressing				
Residents requiring some or total assistance in dressing.	215	84.6	77.5	83.2
Toileting				
Residents requiring some or total assistance in toileting.	199	78.3	68.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	189	74.4	70.3	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	156	61.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	3.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	142	55.9	33.8	37.7
Completely bedfast residents.	0	0.0	3.2	3.4
Residents confined to chairs.	142	55.9	48.4	50.8
Residents requiring restraints.	118	46.5	35.7	41.3
Confused or disoriented residents.	126	49.6	53.7	58.4
Residents with bed sores.	44	17.3	8.0	7.1
Residents receiving special skin care.	146	57.5	33.1	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.2	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	28	5.6	518	5.5
Each resident is free from mental and physical abuse.	MET	0	0.0	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	50	10.0	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	74	14.8	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	4	0.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.2	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	12	2.4	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	119	23.8	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	39	7.8	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	22	4.4	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	6.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	38	7.6	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	17	3.4	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	70	14.0	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	48	9.6	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	92	18.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	98	19.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	12	2.4	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	3	0.6	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	24	4.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	24	4.8	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	54	10.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	51	10.2	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	99	19.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	9.6	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	42	8.4	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	2.8	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	395	79.0	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



[illegible]

HIGHSMITH 45-220

REF
HD 7102 .U5N76 1987/88
Illinois II

Medicare/Medicaid nursing home
information.

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